

Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1968

BY

J. B. S. MORGAN

B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

ARTHUR GAUNT & SONS (PRINTERS) LTD
HEANOR, DERBYSHIRE



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COUNTY HEALTH COMMITTEE

(As at 31st December, 1968)

ALDERMAN W. E. GARDNER
(Chairman)

ALDERMAN W. W. JOHNSON
(Vice-Chairman)

Aldermen

W. A. W. BEMROSE
J. CARTER
DR. J. HAMMERTON

A. M. TURNER
G. N. WILSON
A. F. T. WYATT

Councillors

S. A. CLARKE
S. F. COLLINS
A. HARRIS
MRS. J. B. HARTLEY
A. HARVEY

S. S. LEVICK
MRS. J. MCKEE
MRS. A. NOSKWITH
V. H. SCHOFIELD
J. STEVENSON

Co-opted Members

L. HEATH, Esq.
DR. R. A. A. R. LAWRENCE
COUNCILLOR MRS. J. PLATTS

DR. R. W. STEWART
MRS. E. M. TOMLINSON

MENTAL HEALTH SUB-COMMITTEE

ALDERMAN J. CARTER
ALDERMAN W. E. GARDNER
ALDERMAN W. W. JOHNSON
ALDERMAN A. F. T. WYATT

COUNCILLOR S. A. CLARKE
COUNCILLOR S. F. COLLINS
COUNCILLOR A. HARRIS
COUNCILLOR MRS. J. B. HARTLEY
COUNCILLOR S. S. LEVICK
COUNCILLOR MRS. J. MCKEE
COUNCILLOR MRS. A. NOSKWITH

Co-opted Members

CHAIRMAN OF WELFARE COMMITTEE (ALDERMAN T. R. WRIGHT), CHAIRMAN OF CHESTERFIELD BOROUGH HEALTH AND WELFARE COMMITTEE (L. HEATH, Esq.), DR. W. J. BARBOUR AND DR. J. A. STIRLING.

Co-opted Members in an Advisory Capacity

CONSULTANT PSYCHIATRISTS FROM : THE PASTURES HOSPITAL, THE CHESTERFIELD AREA AND ST. THOMAS'S HOSPITAL, STOCKPORT.

WEIGHTS AND MEASURES SUB-COMMITTEE

(As at 31st December, 1968)

ALDERMAN H. PIPES
(Chairman)

COUNCILLOR J. M. MORGAN-OWEN
(Vice-Chairman)

Aldermen

H. CAWDRON

G. N. WILSON

Councillors

W. F. BLAKE
H. S. BROMBY
L. COATES
T. S. HAMMOND

A. HARRIS
J. MCKAY
H. SQUIRES

*To the Chairman and Members of the
Derbyshire County Council.*

Ladies and Gentlemen,

I have the honour to present the 79th Annual Report on the health of the County of Derby.

The year 1968 was notable for the implementation of a number of the recommendations of the "Maud" Report on "Management of Local Government", and the "Mallaby" Report on "Staffing of Local Government", and the receipt of the "Report of the Committee on Local Authority and Allied Personal Social Services" (the "Seebohm" Report), as well as the "Green Paper" on "The Administrative Structure of the Medical and Related Services in England and Wales", by the Minister of Health. As far as the Health Services were concerned, there were other Reports issued during the year, including a "Statement of Policy on the Maternity Service" by the Royal College of Midwives and on "Administering the Local Authority Nursing Service" by the Royal College of Nursing and National Council of Nurses of the United Kingdom. The Report of the Royal Commission on medical education (the "Todd" Report) was also presented to Parliament in April 1968.

Many of the ideas suggested are very desirable but here and there inconsistencies can be envisaged. It seems it will be necessary for the Government of the day to give a long and hard look at the various proposals to see which should be implemented and which should be rejected as impracticable. It is thought that most people would agree that the unification of the administration of the National Health Service is a most desirable aim, although there may be different opinions on how it should be accomplished, bearing in mind "public accountability". There are a number of suggestions in the Seebohm Report which are desirable, but my reading of it indicates that some of them have not fully appreciated the medical problems involved. The aim in this Report is towards unification of the Personal Social Services, but in pursuing this I am inclined to think that they have over-done it in some respects, and included a number of services with a strong medical component: for example, the Mental Health and Child Guidance Services.

Laurence Sterne (1713-1768) was quoted as saying: "Man's body and mind, with the utmost reverence to both I speak it, are exactly like a jerkin and a jerkin's lining, rumple the one, you

rumple the other.” Recent legislation has been directed to treating mental illness as far as possible like physical illness, leading up particularly to this concept in the Mental Health Act of 1959. The exclusion of Mental Welfare Officers from the administration of the Health Department, as suggested in the Seebohm Report, would be tantamount to turning the clock back. Consideration is being given to the employment of mental welfare officers, and it has been suggested that in the future this should take place in social welfare departments. In my opinion this is the wrong place—they should be employed in the medical field, meeting in their work the traditional ethics, including the need for confidentiality in their daily contact with doctors and nurses. I would say, search your hearts, and if you were suffering from venereal disease, tuberculosis, or mental ill health, you would be pleased if the confidentiality which traditionally goes with medical ethics was applied in your case! Obviously there are a number of things that happen in life which have a medical ingredient. It could be argued that nearly every activity has a medical ingredient! But there are some activities where the greater part is medical, and when that is the case they should be unified under the National Health Service. It is admitted that it is not easy to decide where to draw the line.

I favour the suggestion made in Seebohm that Junior Training Centres for the mentally subnormal should be administered by the Education Service, because it is only a question of degree between educational subnormality and mental subnormality. Medical ascertainment, in addition to testing by Educational Psychologists, is, however, necessary: otherwise a medical component in the subnormality may be missed. In point of fact, the Prime Minister made a statement in the House of Commons on the 28th November, 1968, which included the following comment:—

“After careful consideration of the views expressed by the bodies consulted, the Government have decided to accept in principle that responsibility for the education of mentally handicapped children in England and Wales should be transferred from the Health to the Education Service . . .”

To decide where the line should be drawn is not easy. It is understood that the Secretary of State for Health and Social Security (who has replaced the Minister of Health) is contemplating the issue of a second “Green Paper” on the administration of the Health Services. He will, no doubt, bear in mind the recommendations of the Royal Commission on Local Government in England (the “Redcliffe-Maud” Report), which was presented to Parliament in June 1969.

Personal considerations often warp judgement, and sometimes changes envisaged may be advantageous to some councillors and staff but disadvantageous to others. Nevertheless, it would be well to bear in mind the words of Thomas Carlyle who said "Change indeed is painful; yet ever needful . . ." In whichever direction one looks these days the world seems to be in a state of flux, and it is well to hold fast to principles which have stood the test of time in directing our steps towards the future.

As I write this introductory letter it seems that the publication of the Royal Commission's Report on Local Government in England has given rise to much contention, and I only hope that the words of William Carleton (1794-1869) do not prove to be true:—

"We arg'ed the thing at breakfast,
We arg'ed the thing at tea,
And the more we arg'ed the question,
The more we didn't agree."

The **Birth Rate** and **Death Rate** from all causes per 1,000 of the population (which was estimated by the Registrar-General in mid-1968 to be 667,660) were respectively 16·63 and 12·63. (The corresponding rates for England and Wales (provisional) were 16·9 and 11·9). The falling national birth rate has reached its lowest level since 1959. The **Infant Mortality** rate was 17·58 deaths under one year of age per 1,000 live-births, compared with 17·53 last year. (The provisional figure for England and Wales was 18·0). The Table on page 14 sets out the figures for Derbyshire since 1930; your attention is also drawn to the tables on page 15 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The late Professor W. C. W. Nixon, Professor of Obstetrics at University College Hospital, London, said "The first day of life is the most dangerous day, and there are more deaths then than between one and twenty-five years".

The **Maternal Mortality** rate was 0·087 per 1,000 live- and still-births, comparable with 0·15 last year. These two rates respectively represent one death and two deaths from this cause. The table on page 41 shows the mortality over the past eighteen years. (For England and Wales the rate was 0·24 (provisional)). The percentage of **Illegitimate Births** was 6·77. (The figures since 1965 have been 4·95; 5·38; 5·46 and 6·77).

There were 8,145 **deaths** compared with 7,876 in the previous year.

Of the 8,145 **deaths**, 111 were certified as being due to chronic rheumatic heart disease, 172 to hypertensive disease, 1,966 to ischaemic heart disease, and 455 to other forms of heart disease. Cerebrovascular disease was the cause of death in 1,202 instances.

During the year there were 1,434 deaths which were certified as being due to **malignant disease**: the lesion was in the stomach in 177

patients, in the lung or bronchus in 338, in a breast in 137, and in the uterus in 58.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years:—

Year	Deaths from		Total
	Respiratory Tuberculosis	Malignant Neoplasm of lung or bronchus	
1950	154	141	295
1951	119	157	276
1952	110	167	277
1953	113	165	278
1954	80	165	245
1955	74	173	247
1956	51	233	284
1957	51	210	261
1958	46	230	276
1959	34	250	284
1960	39	300	339
1961	29	267	296
1962	33	276	309
1963	27	296	323
1964	24	308	332
1965	29	335	364
1966	28	339	367
1967	18	347	365
1968	14	338	352

The number of deaths from **bronchitis and emphysema** in the administrative County in the year under review was 468.

Once again I have to thank the respective Chairmen and Members of the County Health and Education Committees and the Weights and Measures Sub-Committee, for their support in obtaining improvements to the Health Services; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, namely Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Health, Mental Health and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought continued to be given to expanding services.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

*County Offices,
Matlock. DE4 3AG.
(Telephone No.: Matlock 3411).
25th July, 1969.*

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(31st DECEMBER, 1968)

COUNTY MEDICAL OFFICER OF HEALTH

J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD HEALTH

SARA J. HARRIES, M.B., Ch.B.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH

CRISTINE M. DAVENPORT, M.B., Ch.B.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION

JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

H. BAILEY, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS

MARGARET J. CASH, M.R.C.S., L.R.C.P., D.P.H.
A. F. CROWLEY, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
H. E. NUTTEN, M.B., Ch.B., D.P.H.
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

EILEEN M. BEDFORD, M.B., Ch.B.
MYRTLE P. DANIELS, B.Sc., M.B., B.S., D.R.C.O.G.
THELMA H. W. MORKS, B.A., M.B., B.Ch., B.A.O.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.
R. E. DEAN, L.R.C.P., L.R.F.P.S.
J. DUTHIE, M.B., Ch.B.
J. A. GAWTHORPE, M.B., Ch.B.
E. ANN B. SHARPE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
EVELYN B. HORTON, M.B., Ch.B. (Part-time)
J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)
MARY HUGHES, M.B., Ch.B. (Part-time)
BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)
JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)
G. V. LEWIS, L.M.S.S.A., L.R.C.P., M.R.C.S.
ALICE T. McHUGH, L.R.C.P. & S.E., D.P.H., D.C.H.
ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (Part-time)
HELEN B. SPINK, M.R.C.S., L.R.C.P. (Part-time)
G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.

Area Dental Officers: J. S. BENNETT, B.D.S.

MARGUERITE FORD, L.D.S.

EDITH M. HAGUE, L.D.S.

A. HIRST, B.D.S., L.D.S.

Dental Officer: A. Y. JADWAT, B.D.S. (Part-time)

Chesterfield Borough:

C. C. GRANT, L.D.S., Senior Dental Officer

N. ANDREWS, B.D.S.

W. F. O'DALY, L.D.S. (Part-time)

BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-EIGHT YEARS

Year		Birth Rate per 1,000 of Population	Infant Mortality per 1,000 Births	Death Rate from all Causes per 1,000 of Population
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.7 14.93	56.7 58.6	11.31 12.26
1941 to 1950	WHOLE COUNTY England and Wales	18.25 17.02	41.99 42.88	10.94 11.72
1951 to 1960	WHOLE COUNTY England and Wales	15.43 15.82	26.20 24.80	11.70 11.62
1961*	WHOLE COUNTY England and Wales	16.08 17.6	19.93 21.4	12.83 11.9
1962*	WHOLE COUNTY England and Wales	16.94 18.0	21.60 21.7	12.80 11.9
1963*	WHOLE COUNTY England and Wales	17.11 18.2	19.26 21.1	12.31 12.2
1964*	WHOLE COUNTY England and Wales	17.29 18.5	17.74 19.9	12.15 11.3
1965*	WHOLE COUNTY England and Wales	17.31 18.1	17.20 19.0	11.68 11.5
1966*	WHOLE COUNTY England and Wales	16.92 17.7	17.25 19.0	12.29 11.7
1967*	WHOLE COUNTY England and Wales	16.6 17.2	17.53 18.3	11.2 11.2
1968*	Urban Districts Rural Districts WHOLE COUNTY England and Wales	16.63 16.36 16.63 16.9	15.24 20.55 17.58 18.0‡	12.69 12.54 12.63 11.9‡

* See note on page 13

‡Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1968

In January, 1969, the Department of Health and Social Security issued Circular 1/69 concerning the "Annual Report of the Medical Officer of Health for 1968". Relevant extracts from the first two paragraphs of the circular read as follows:—

1. "I am directed by the Secretary of State for Social Services to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Secretary of State, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and containing, in addition to public health matters upon which he may consider it desirable to report, any information required by the Secretary of State. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1968. Where boundary changes took place during 1968, the Annual Report should, as far as possible relate to the new area and cover the whole year.

2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1968 should be of the greatest value for this purpose the Secretary of State suggests that, among other things, it should deal with the matters referred to in the following paragraphs"

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, co-ordination of services, congenital defects, fluoridation of water supplies and the Chiropody Service).

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

- (1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;
- (2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;
- (3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;
- (4) he shall furnish the Minister with one copy of any special report which he may make to the county council".

* (Regulation 15 (5), which is mentioned in the Department's circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 618,661 acres, 97,520 in Municipal Boroughs and Urban Districts and 521,141 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1968 was as follows:—

Municipal Boroughs	..	..	..	146,660
Urban Districts	..	..	..	238,660
Rural Districts	..	..	..	282,340
Total Administrative County				667,660

The rateable value of the Administrative County for the year 1968/69 for the County Rate purposes is £22,848,350, and a penny rate over the whole County is estimated to produce the sum of £90,916.

On 1st April, 1968 the boundary of the County Borough of Derby was extended in accordance with the terms of the Derby Order, 1968. This resulted in the transfer of approximately 89,800 population from the Administrative County to Derby Borough.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

Derbyshire includes the southern extremity of the Pennines, hills which are bounded to the south by the broad valley of the Trent and are penetrated deeply by that river's tributaries, the Derwent and Dove. The south of the County forms part of the English Midlands with a climate which though variable is rarely extreme. To the north, the hills, rising to over 2,000 feet in Kinder Scout, sometimes contribute to rigorous conditions in winter including a high rainfall and humidity.

The most densely populated part of the County is the eastern coalfield, where the collieries, coke ovens and blast furnaces have been progressively reduced in numbers in recent years, output now being concentrated in relatively few large concerns. Many other heavy industries, such as chemical production, iron foundries and engineering flourish on the coalfield and the textile and clothing industries provide employment for women, particularly since the war. Atmospheric pollution from the heavy industries, railways and burning waste heaps remains a problem though less severe than in former years. To the south of the coalfield, textile industries, notably hosiery and lace, with many light engineering concerns, are prominent in the area between Nottingham and Derby and many people resident in this part of the County travel to work to offices and varied industries of these County Boroughs. The Derwent Valley played a prominent part in the development of the cotton and hosiery industries, which still flourish in several large factories, and the valley also contains dyeworks, foundries and wireworks. At

Matlock, in the centre of the County, the County Council has its offices and the town is also a popular resort due to its spectacular scenery. In the south-west of the County a small coalfield has a well established pottery industry, while nearby on the Trent two groups of power stations have brought new problems of atmospheric pollution by dust and sulphur dioxide. In the north-west, beyond the spa and conference centre of Buxton, a group of manufacturing towns long dependent on the cotton industry have in recent years achieved a more diversified economy. Brake linings and other asbestos products, paper, brushes, clothing and electrical goods and canned foods are all made, often in former cotton mills, but bleaching and textile printing remain important.

The rural areas of the County support a flourishing agricultural economy and important market centres. Specialisation on milk production has resulted in milk and cheese factories. Mineral deposits are worked in many places, including the limestone quarries which are among the largest in Europe. Works processing the minerals tend to produce dust, particularly in the case of cement works and lime kilns, but the lead smelters which were formerly notorious are no longer a problem. The mineral processing plants include several classed as "Refractories Industries", some of which may make workers liable to pulmonary disease. Away from the quarries the rural areas are noted for the fine landscape, which has attracted increasing numbers of visitors in recent years, assisted by the activities of the Peak Park Planning Board which administers Britain's first National Park.

VITAL STATISTICS

The Department of Health and Social Security has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954.

Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions, and boundary changes in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1968 are as follows:—for births 1·02; for deaths: 1·07.)

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	5,403	5,095	10,498
—Illegitimate ..	414	349	763
<i>Total</i> ..	<u>5,817</u>	<u>5,444</u>	<u>11,261</u>

Live birth rate per 1,000 population	16·63
Illegitimate live births per cent of total live births ..	6·77
Stillbirths—Number	153
—Rate per 1,000 total live and still-births ..	13·40
Total live- and still-births	11,414
Infant deaths (deaths under one year)	198
Infant mortality rates—	
Total infant deaths per 1,000 total live-births ..	17·58
Legitimate infant deaths per 1,000 legitimate live-births	17·05
Illegitimate infant deaths per 1,000 illegitimate live-births	24·90
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	12·34
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	10·30
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) ..	23·57
Maternal mortality (including abortion)—	
Number of deaths	1
Rate per 1,000 total live- and still-births	0·087
Number of deaths from all causes	8,145
Death rate per 1,000 of the estimated population ..	12·63
Deaths from Cancer (all ages)	1,434
Death rate from Cancer	2·21

The numbers of deaths from various causes in each Sanitary District are given in Appendix II to this Report. The headings under which the deaths are classified have been revised by the General Register Office. Hitherto they have been analysed into 36 causes of death (the Registrar-General's Abridged List): the new classification, however, is basically the International Abbreviated List of 50 causes, with some sub-divisions to improve comparability with the Abridged List, although it is pointed out that exact comparability should not be assumed.

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>	<i>Rate</i>
1930 ..	61·4
1940 ..	55·4
1950 ..	30·19
1960 ..	19·74
1961 ..	19·93
1962 ..	21·60
1963 ..	19·26
1964 ..	17·74
1965 ..	17·20
1966 ..	17·25
1967 ..	17·53
1968 ..	17·58*

*The rate for England and Wales in 1968 was 18·0 (provisional).

NEONATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

<i>Year</i>	<i>Number of Neo-natal Deaths</i>	<i>Rate per 1,000 Live Births</i>
1950	188	17.4
1955	210	20.3
1960	166	13.54
1961	179	14.56
1962	198	14.95
1963	161	12.16
1964	160	11.88
1965	153	11.25
1966	162	12.10
1967	149	11.66
1968	139	12.34*

* The figure for England and Wales is 12.4.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths	116
Early neonatal mortality rate	10.30*

*The provisional figure for England and Wales is 10.5.

The following table provides an analysis of the causes of death of the 139 children who died during 1968 under four weeks of age, as well as of the 116 children who died under one week of age:—

<i>Causes of Death</i>	<i>Number of Deaths under 4 weeks of age</i>			<i>Number of Deaths under one week</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Congenital malformations	13	5	18	9	4	13
Birth accident	13	5	18	13	4	17
Infections	7	2	9	3	—	3
Asphyxia	5	4	9	4	4	8
Prematurity	34	17	51	34	16	50
Congenital malformations and prematurity ..	4	3	7	4	3	7
Birth accidents and prematurity	6	4	10	5	3	8
Infections and prematurity	3	4	7	2	1	3
Haemolytic disease of New-born	2	—	2	2	—	2
Other	4	4	8	2	3	5
Totals	91	48	139	78	38	116

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 17.58 per 1,000, which represents 198 children who died under one year of age (compared with a rate of 18.0 (provisional) for England and Wales).

Of the 198 children, 139 died within four weeks, giving a neonatal death rate of 12·34 per 1,000. The majority of those infants (116) died within the first week, giving an early neonatal mortality rate of 10·30 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1968 was 23·57 (The comparable (provisional) rate for England and Wales was 25·0).

(The term “perinatal mortality” is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week).

CONGENITAL ABNORMALITIES

During the year, 121 children have been notified to the Department of Health and Social Security as having congenital abnormalities. Of these 27 were still-born and 20 died in the first week of life. Classifying each case according to the major deformity present they fell into the following categories:—

Central nervous system ..	48
Eye, ear	—
Alimentary system ..	14
Heart and great vessels ..	5
Respiratory System ..	—
Uro-genital system ..	12
Limbs	33
Other skeletal	1
Other systems	2
Other malformations ..	6
Total ..	121

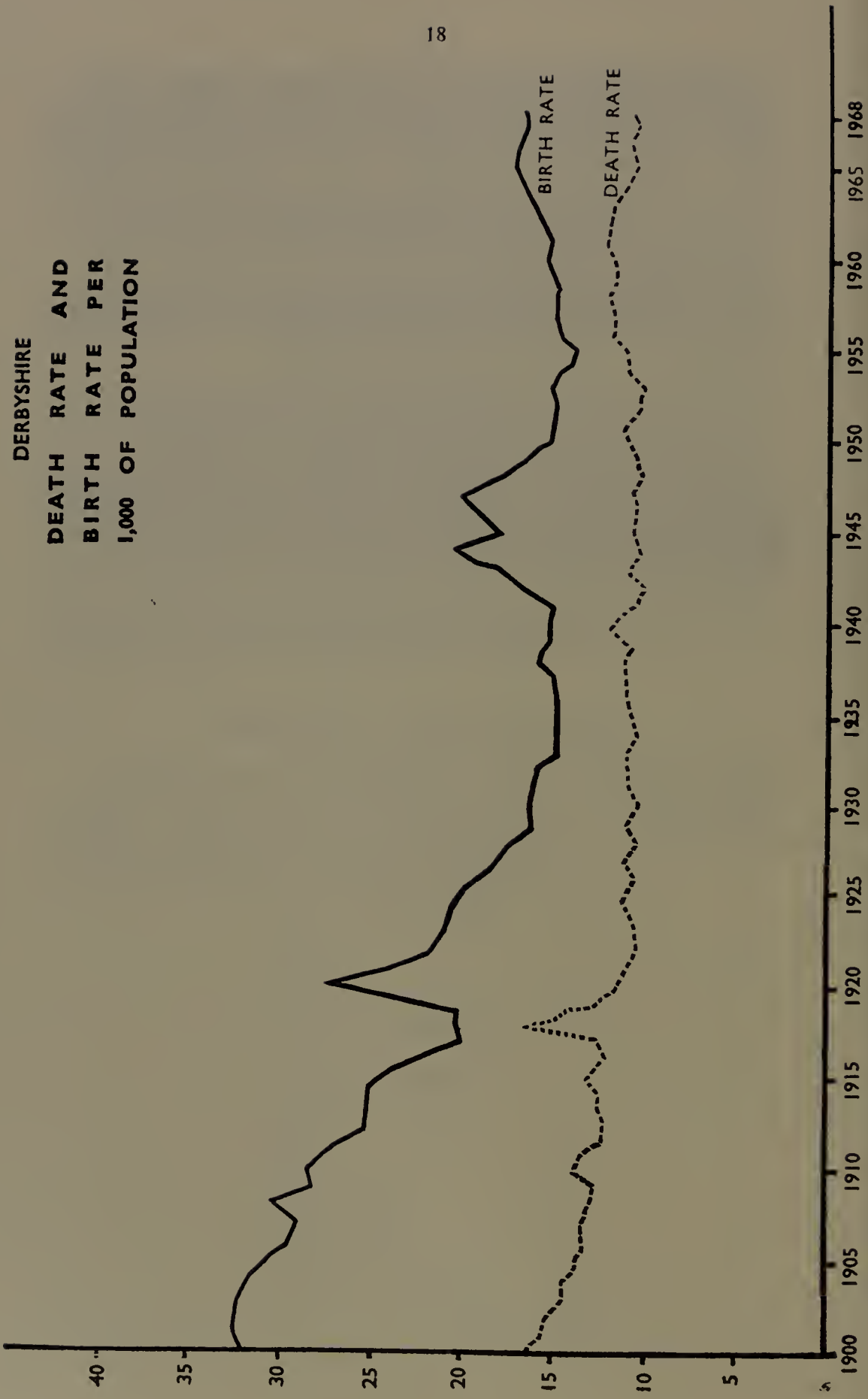
Since the notifications have been restricted to those defects diagnosed at birth, a high proportion are abnormalities of the central nervous system and of the limbs which are readily diagnosed in the new born infant. Some of the defects of the limbs, such as polydactyly and syndactyly, will not lead to any degree of handicap. The defects of the nervous systems are frequently accompanied by other defects and the child will often be handicapped to some extent throughout life.

The hospitals, General Medical Practitioners and Midwives have co-operated in supplying the information. Cases in which the diagnosis was doubtful have not been included.

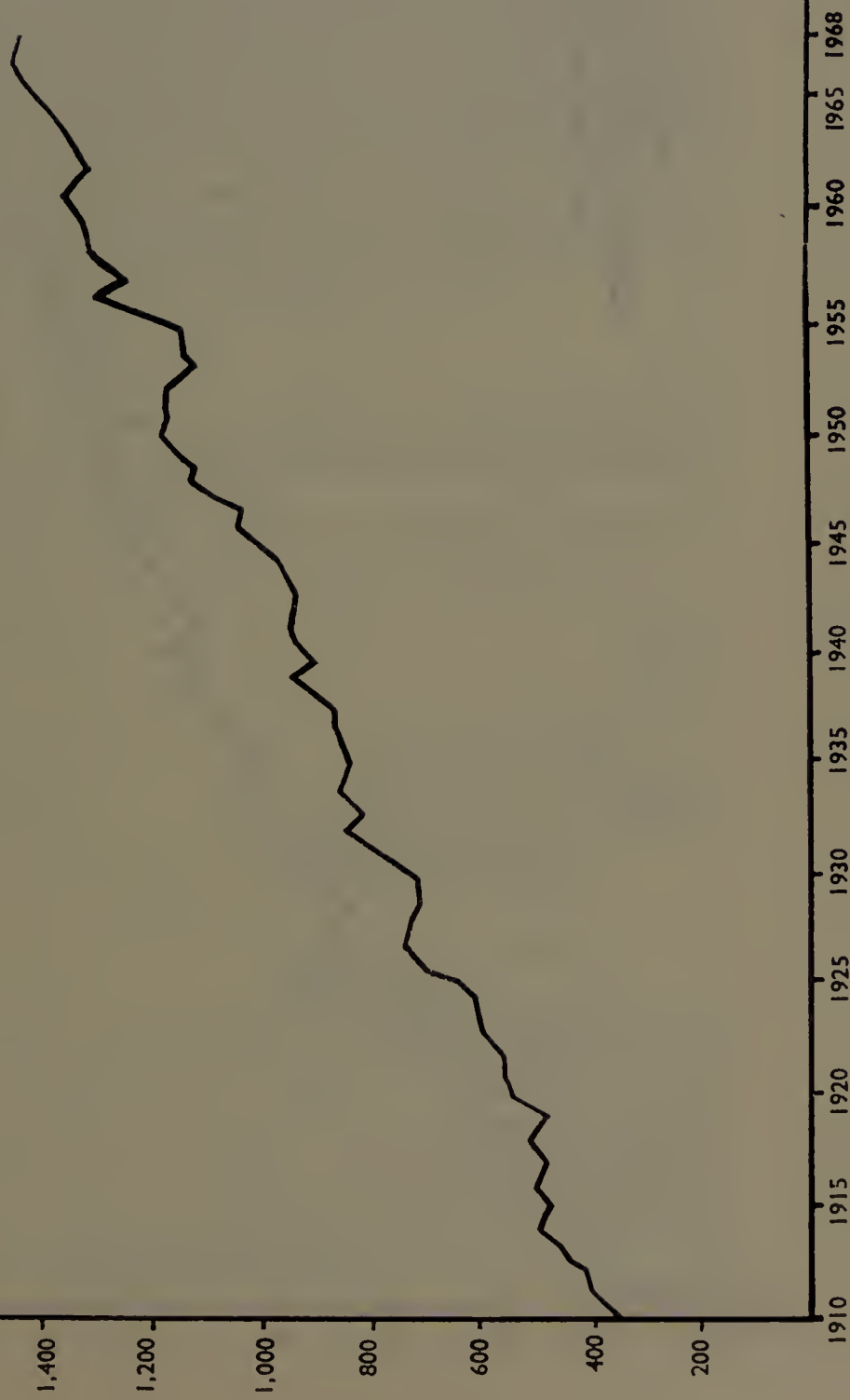
REGISTER OF HANDICAPPED CHILDREN

Records are kept of handicapped children, as well as those who are in groups thought to be "At Risk" of developing handicapping conditions, including those discovered to have congenital abnormalities. During the year, 102 children born in 1968 were placed on the Handicapped Register.

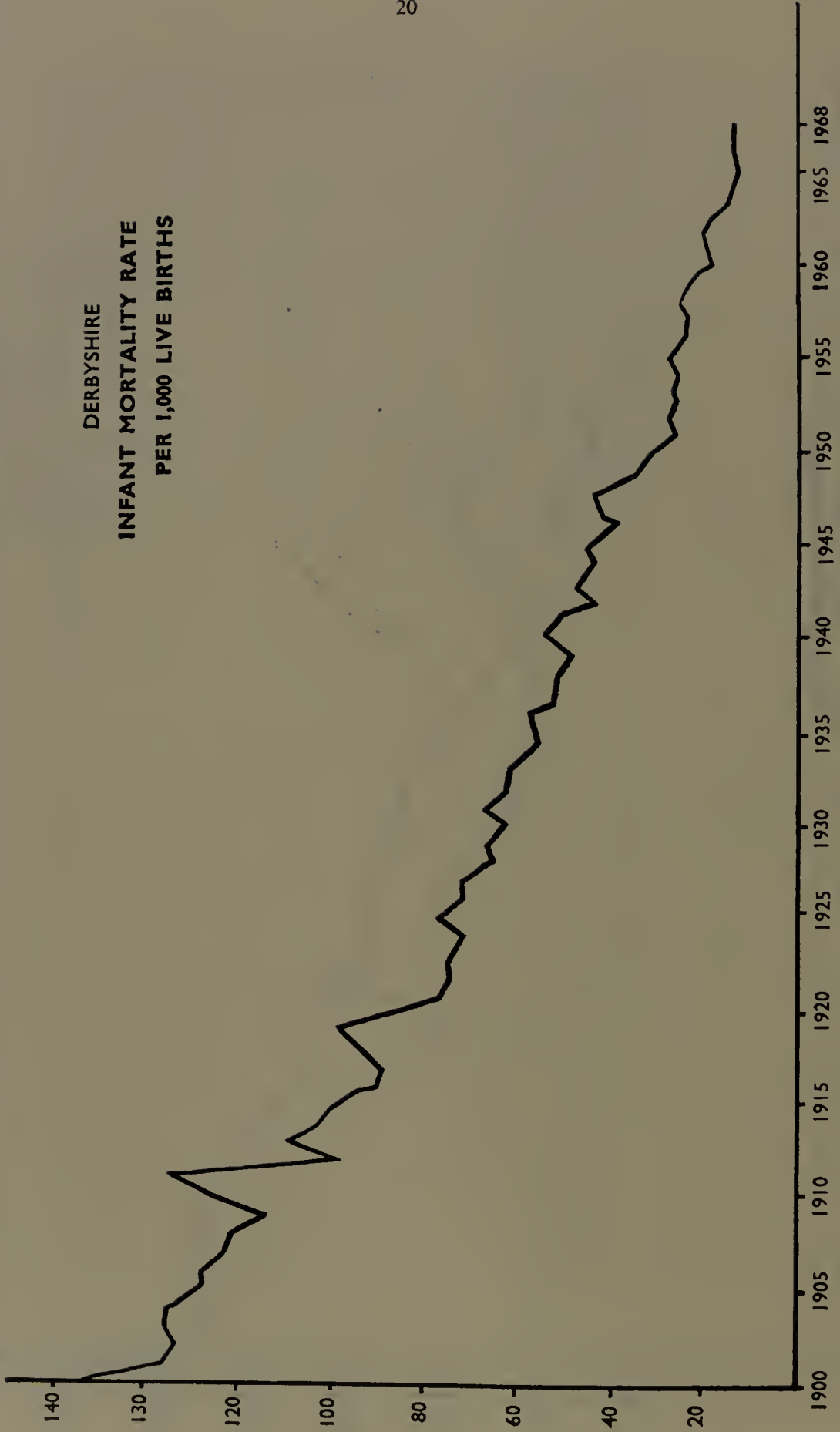
DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



DERBYSHIRE
DEATHS FROM CANCER



DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS



INSPECTION AND SUPERVISION OF FOOD

The following Report has been provided by Mr. E. Rowley, the County Public Health Inspector:—

"MILK SUPPLY

The Milk (Special Designation) Regulations, 1963-5.

As a Food and Drugs Authority, the County Council is responsible for the licensing and supervision under these Regulations of milk heat treatment plants and milk dealers, other than producer-retailers. Under the Food and Drugs Act, 1955, the County Council is also responsible for the prevention of sale of milk from cows suffering from tuberculosis and certain other specified diseases. The samples taken in connection with this work are dealt with at the Public Health Service Laboratory at Derby and thanks are expressed to the Director for his ready co-operation at all times.

No changes in these Regulations were made during the year and the current list of types of licences remains as follows:—

- (i) dealers' licences for the operation of—
 - (a) Pasteurised;
 - (b) Sterilized;
 - (c) Ultra Heat Treated Milk processing establishments;
- (ii) dealer's (Untreated) licence, required when Untreated milk, in bulk, is obtained for re-sale;
- (iii) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the four designations.

Pasteurising Plants

Eight pasteurising plants were in operation at the end of 1968, as follows:—

<i>Name</i>	<i>Address of Establishment</i>
Buxton Spa Dairies Ltd.	The Creamery, Green Lane, Buxton.
Gisborne Dairy Ltd.	Manchester Road, Chapel-en-le-Frith.
Oakwell Dairies Ltd.	Derby Road, Ilkeston
Long Eaton Co-op. Society Ltd.	Meadow Lane, Long Eaton.
J. Payne	Sunny View Dairy, Buxton.
North East Midland Co-op. Society Ltd.	Nottingham Road, Ripley.
Unigate Creameries Ltd.	Egginton, Derby.
B. Wild	Beard Hall Farm, New Mills

As compared with last year's Report, there have been two separate amalgamations concerning Co-operative Societies at Ilkeston and Ripley: hence the different names; and one other Co-operative Society at Pleasley has ceased to process but is buying instead pre-packed milk. There is one additional pasteuriser, namely, Mr. B. Wild of New Mills, who previously was a producer-retailer and who started, towards the end of the year to heat-treat his retail milk. Although the gallonage is small this is clearly a step forward from the public health point of view.

Of the eight plants now licensed, six are "high temperature short time" (H.T.S.T.) and two "holder" types.

The total quantity of milk being pasteurised in the County area is running at around 14,000 gallons per day. This figure represents a quite small proportion of the milk consumed in the same area and indicates the concentration of the processing trade in the big centres of population, situated outside the administrative County and including Derby County Borough.

Supervision of all plants is carried out as a regular routine. Generally speaking, very little trouble is encountered and Dairy Managers are most anxious to co-operate with the authority. Defects in the bottle examination and washing systems cause most difficulties, and, at one dairy, investigations into unsatisfactory rinse results extended over some months, without any single reason being established.

The sampling figures for the year are given below.

<i>Grade of Milk</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>		<i>Total number of samples submitted</i>
	<i>M.B.</i>	<i>Phos.</i>	<i>M.B.</i>	<i>Phos.</i>	
Pasteurised	160	164	2	3	167

Note—(a) M.B. means the Methylene Blue Test; Phos. means the Phosphatase Test.

(b) Five samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

Results were rather disappointing this year, after a very good run for a number of years. The phosphatase test failures were from three separate establishments: one from a holder plant was due to low temperature pasteurising, which was the result of carelessness on the part of an employee; another from a H.T.S.T. plant was caused by an electrical fault on the diversion unit; the third, also from a H.T.S.T. plant, was not explained. The last was from a dairy which had not had a phosphatase test failure since the County Council took over its supervision in 1949: it spoilt a first class record, and incidentally, was confirmed by the Company's own sample result.

The Methylene Blue failures, both of which were from delivery van samples, could not really be accounted for. They were assumed to be due to the age of the milk at the time of sale. Apart from plant sampling, opportunities are always taken of van sampling from licensed pasteurisers: keeping quality on delivery to the consumer is thereby checked. There may well be quite a difference between the two points, as shown by the two results mentioned above.

Sterilizing Plant

One small sterilizing plant is licensed in the County, namely, Oakwell Dairies Ltd. (previously Ilkeston Co-operative Society Ltd.). Twenty-three samples taken from the dairy all passed the turbidity test. The throughput of the plant has been increased considerably in the last twelve months and it is now operating to its maximum.

Ultra Heat Treatment Plants

No plant has been licensed in the County for this form of heat treatment of milk.

Milk Dealers

The figures for the number of licences in force at the beginning and end of the year are as follows:

	<i>As at</i>	
	<i>January 1st</i>	<i>December 31st</i>
Dealers (Untreated) (bulk handling)		
milk—Licences	22	21
Dealers (Pre-packed milk)—Licences	919	814

There was a decrease in the number of pre-packed milk licences largely due to the transfer of 96 to the County Borough of Derby as a result of the boundary extension.

Inspection of dealers' premises continued as before. A new Company cold store was completed at Clowne for dealers in that area; but a smaller one closed down at Rowsley, near Matlock, as the company concerned was enlarging one at Matlock to accommodate the dealers' displaced. There are still many retailers without refrigerated milk stores: this is a matter which is long overdue for attention. Modern standards require that milk be refrigerated during storage, extending from the processing dairy to the small shopkeepers.

The sampling figures for 1968 are set out below:

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Heat Treated Pasteurised	*1,004	1,062	18	2	1,064
	*42 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	Turbidity				120
	Satisfactory		Unsatisfactory		
Sterilized	120		—		
	Colony Count				18
	Satisfactory		Unsatisfactory		
Ultra-Heat Treated	15		3		
	Methylene Blue				127
	Satisfactory		Unsatisfactory		
Raw Untreated	*92		29		

*Six Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

Methylene Blue test failures went up, largely owing to an increase in the number of Untreated milk samples failing the test. The latter rose to 29 out of 127 samples, a percentage of 22·8, almost a quarter of the samples. It is difficult to apportion blame for this, but undoubtedly the practice of bottling evening's production milk for retail sale next day, particularly in the warm months, is an adverse factor. It must be remembered that the official test is not carried out till the day after sampling takes place, when the milk will probably be 36 hours old. In one or two instances, it was thought advisable to write to the Divisional Milk Officer of the Ministry of Agriculture to ask for a check on the production methods on the farms, as dealers selling farm bottled milk are in a difficult position if the farmer's methods are at fault. The Pasteurised milk methylene blue test failures were running at the rate of 1·7%.

One of the two phosphatase test failures was from milk processed outside the County, but no cause could be ascertained; the other originated from one of the County plants and the dairyman concerned appeared to have made an error in the timing (with the holder process).

Unusually, three failures occurred on samples of U.H.T. milk: one being processed at a dairy in London and the other two in Cardiff. Although correspondence ensued about these failures, no cause could be found for them. It seems that failure to pass the statutory test (the colony count test) for this type of milk is most likely to be due to a defect in the sealing of the carton at the time of filling, or to mishandling later, causing the seal to become defective and so allowing bacteriological contamination to occur.

Of all samples taken during the year, 75% were from 13 dairy sources, of which 5 were in the County area. Nearly a quarter of the samples came from one dairy, supplying milk to a large area in the north-east of the County.

Brucella abortus sampling and investigations were resumed by local authorities in the County, after the foot and mouth disease outbreak had subsided. Progress is being made, as the following figures submitted by District Medical Officers of Health show:—

<i>Type of Sample</i>	<i>Total number taken</i>	<i>Ring Test</i>		<i>Culture</i>		<i>Guinea Pig</i>	
		<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	<i>Negative</i>
Bottle ..	108	32	74	10	23	6	5
Herd ..	435	44	391	6	45	10	25
Group	202	45	157	7	38	17	14
Individual	653	103	550	18	94	25	20
Total ..	1,398	224	1,172	41	200	58	64

No. of infected cows (a) sent for slaughter . 12
 (b) isolated on farm .. 50

As far as the County Council is concerned, 157 examinations were made of raw milk samples, of which 22 proved ring test positive. Of the latter, none were positive on culture test and 6 positive on guinea pig test. These cases were dealt with in accordance with established procedure. Notification is made to the producer, Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and to the Medical Officer of Health of the District where the milk was produced. The last has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

Limited progress is being made with the voluntary scheme for "attestation" being carried out by the Ministry of Agriculture. It is clearly in dairy farmers' best interests to seek admission to the register of brucella free herds as soon as possible, now that the scheme is well under way."

FLUORIDATION OF PUBLIC WATER SUPPLIES

The Clerk of the County Council has been conducting most of the negotiations concerning fluoridation, and he has, therefore kindly provided the following information:—

"Mention was made in your Report for 1967 that agreement had been reached between the North Derbyshire Water Board and the County Council for the fluoridation of the water supplies to the Buxton area generally from the sources of supply at the Stanley Moor and the Lightwood Reservoirs and the Stanley Moor Borehole, to raise the natural level of the fluoride in the water to one part per million. The Board obtained the approval of the Ministry of Housing and Local Government to the proposals utilising sodium fluoride as the fluoridating agent. Subsequently, it was reported by the Board that developments in relation to the availability and price of hydrofluosilicic acid, for use as a fluoridating agent, had caused their officers to re-assess the situation. The indications were that the use of acid, as an agent, would provide a system that would be less demanding in terms of labour and that running costs would be less. Whilst the cost of the equipment would be about the same, there would be less expenditure on buildings to house the plant. Accordingly, the Board indicated their intention to prepare an alternative scheme using the acid as the fluoridating agent and to obtain the approval of the Ministry of Housing and Local Government.

It was also reported in your annual report, 1967, that the South Derbyshire Water Board had prepared a scheme for fluoridation of water supplied by the Board from Little Eaton, Holmesford and Meadows, Belper and from the works of the Derwent Valley Water Board at Heage Firs near Ambergate. Fluoridation of the supply of the Derwent Valley Water Board at Heage Firs concerned the Leicester Water Undertaking, and both Leicestershire County Council and Leicester Corporation as Health Authorities. Owing to the mixing of waters, the water

supplied by the Leicester Water Undertaking to Leicester and Leicestershire would contain such a small quantity of fluoride, and hence be of such doubtful beneficial effect, that the Authorities expressed the view that they did not consider they could contribute towards the cost of the fluoride introduced at Heage Firs until the completion of a new scheme by the Leicester Water Undertaking which it was anticipated would be completed in 1970. Discussions have taken place between the authorities concerned and to obviate undue delay in the implementation by the South Derbyshire Water Board of their scheme for fluoridation, the County Council agreed in principle to bear with the Derby Borough Council until the completion of the scheme by the Leicester Water Undertaking in 1970, such proportion of the cost of fluoride introduced at Heage apportionable to the water passing to the Leicester Water Undertaking. On the other hand, it was considered that the Leicester Water Undertaking should pay the loan charges attributable to their proper proportion of the cost of the Heage Firs installation. The South Derbyshire Water Board are pursuing the matter with the Leicester Water Undertaking."

COUNTY DISTRICT COUNCILS' AREAS

A Table giving the Birth Rates and Deaths from all causes in each of the Sanitary Districts of the County appears on pages 28 and 29.

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions. The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows—

- (a) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.
- (b) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix 1 to my Annual Report for 1960.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultation with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The Table on page 30 shows the position on 31st December, 1968.

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Areas in Acres (Land and Water)	POP
			Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,957	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,075	4,708
BAKEWELL	H. G. Watson, M.B., Ch.B.	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	4,526	9,808
BUXTON (Borough)	H. E. Nutton, M.B., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H. ..	8,468	64,160
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H. ..	2,023	8,781
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	3,457	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,324	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,419	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,598	16,596
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,242	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,411	17,713
STAVELEY	D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845
SWADLINCOTE	A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	3,754	20,604
WHALEY BRIDGE	H. E. Nutton, M.B., Ch.B., D.P.H. ..	3,479	4,860
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,015	4,855
TOTALS OF URBAN DISTRICTS ..		97,520	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	46,273	23,106
BLACKWELL	M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	21,922	44,689
CHAPEL-EN-LE-FRITH	H. E. Nutton, M.B., Ch.B., D.P.H. ..	103,393	18,449
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	63,903	64,968
CLOWNE	M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	13,429	17,720
REPTON	A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	64,239	26,438
S. E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	36,151	41,097
TOTALS OF RURAL DISTRICTS ..		521,141	267,400
TOTALS OF URBAN DISTRICTS ..		97,520	340,291
TOTALS OF WHOLE COUNTY ..		618,661	607,691

* Adjusted to make allowance for sex and

Ended 31st December, 1968.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY

POPULATION			Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Census 1961	Esti- mated Mid- 1968			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,999	22,600	364	235	17.07	11.86	13.74	1.06	1.14
5,439	5,660	5,710	90	112	17.38	13.72	—	1.10	0.70
3,356	3,606	4,150	37	68	9.61	9.68	—	1.08	0.59
15,714	15,552	16,300	229	252	14.84	11.16	17.46	1.06	0.72
10,817	11,772	11,840	173	122	13.87	13.80	17.34	0.95	1.34
19,568	19,155	20,100	324	284	16.91	12.13	15.43	1.05	0.86
68,558	67,858	70,850	1,088	919	15.71	13.13	16.54	1.02	1.01
8,553	9,163	9,780	145	107	15.54	11.23	13.79	1.05	1.03
7,627	11,303	15,250	339	140	16.87	14.08	14.75	0.76	1.53
18,004	17,500	20,270	366	283	20.09	12.60	19.12	1.11	0.90
24,406	23,870	24,390	397	282	17.12	13.57	10.08	1.05	1.17
33,677	34,672	35,440	603	371	17.17	12.71	11.61	1.01	1.21
28,641	30,476	32,870	619	367	18.61	12.32	14.54	0.99	1.10
17,756	18,505	20,160	310	231	15.55	12.30	6.45	1.01	1.07
8,475	8,514	8,780	157	128	19.15	14.16	—	1.07	0.97
18,192	17,617	17,850	261	223	15.62	13.25	26.82	1.07	1.06
17,945	18,070	18,540	300	229	16.36	15.62	33.33	1.01	1.26
20,907	19,221	20,050	315	230	16.80	12.53	15.87	1.07	1.09
5,365	5,290	5,300	74	56	16.24	10.60	—	1.16	1.00
4,893	4,931	5,090	108	52	20.99	11.83	27.77	0.99	1.16
361,278	365,734	385,320	6,299	4,691	16.63	12.69	15.24	1.02	1.04
12,019	11,286	11,800	172	143	16.35	13.07	23.25	1.12	1.08
19,282	18,608	18,760	252	276	14.61	13.38	19.84	1.09	0.91
28,193	33,362	23,710	421	317	16.48	11.62	28.50	1.07	1.01
43,112	43,804	44,240	691	489	17.90	13.65	25.28	1.00	1.23
19,006	18,385	18,230	312	231	18.98	11.94	35.22	1.11	0.94
75,745	101,041	73,940	1,094	711	13.91	12.29	14.62	0.94	1.28
19,072	19,780	19,830	309	234	15.91	13.45	16.15	1.02	1.14
31,570	37,565	32,770	561	410	16.75	11.36	19.61	1.06	0.98
75,893	95,647	39,060	1,050	643	18.61	12.08	17.14	0.99	1.05
323,892	379,478	282,340	4,962	3,454	16.36	12.54	20.55	1.01	1.11
361,278	365,734	385,320	6,299	4,691	16.63	12.69	15.24	1.02	1.04
685,170	745,212	667,660	11,261	8,145	16.63	12.63	17.58	1.02	1.07

age distribution of population, etc.—see remarks on page 13.

Area No.	County Districts	Pop-ulation	Whether Section 111 scheme is operative	Proportion of time of Medical Officer devoted to	
				District Council work	County Council work
1	Clay Cross Urban .. Dronfield Urban .. Staveley Urban .. Chesterfield Rural ..	9,780 15,250 18,540 73,940	Yes	Whole-time	None
		117,510			
2	Bolsover Urban .. Blackwell Rural .. Clowne Rural ..	11,840 44,240 19,830	Yes	8/11ths.	3/11ths*
		75,910			
3	Glossop Borough .. New Mills Urban ..	20,270 8,780	Yes	9/22nds.	13/22nds*
		29,050			
4	Buxton Borough .. Whaley Bridge Urban .. Chapel-en-le-Frith Rural ..	20,100 5,300 18,230	Yes	7/11ths.	4/11ths*
		43,630			
5	Bakewell Urban .. Matlock Urban .. Bakewell Rural ..	4,150 20,160 18,760	No	Part-time	None
		43,070			
6	Long Eaton Urban .. S.E. Derbyshire Rural	32,870 39,060	Yes	7/11ths.	4/11ths*
		71,930			
7	Swadlincote Urban .. Repton Rural ..	20,050 32,770	Yes	8/11ths	3/11ths*
		52,820			
8	Ilkeston Borough .. Alfreton Urban .. Heanor Urban .. Ripley Urban ..	35,440 22,600 24,390 17,850	Yes	8/11ths	3/11ths*
		100,280			
9	Ashbourne Urban .. Belper Urban .. Wirksworth Urban .. Ashbourne Rural .. Belper Rural ..	5,710 16,300 5,090 11,800 23,710	Yes	6/11ths	5/11ths*
		62,610			
10	Chesterfield Borough	70,850	Yes	52%	48%†

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/School Medical Officer.

†The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:—

Municipal Boroughs and Urban

Districts 133,964

Rural Districts 93,521

	Municipal Boroughs and Urban Districts		Rural Districts	
	No. on Register	In- spections made	No. on Register	In- spections made
Bakehouses	102	360	30	71
Common Lodging Houses ..	2	9	—	—
Dairies	59	172	17	18
Factories and Workplaces ..	2,017	1,030	742	462
Houses Let in Lodgings ..	49	159	—	—
Ice Cream Premises—				
(a) Manufacturers	17	104	6	16
(b) Dealers	1,621	839	1,043	1,135
Market Stalls	679	5,249	31	636
Milk Distributors	481	476	195	158
Movable Dwelling Sites ..	43	455	204	701
Offensive Trades	10	9	—	—
Outworkers	424	110	173	142
Preserved Food Stores	520	961	215	342
Offices, Shops and Railway Premises	3,576	3,071	1,294	1,402
Slaughterhouses—				
(a) Public Abattoirs	1	727	—	—
(b) Private	49	4,783	46	4,928
Knackers Yards	3	60	7	57

Water Supplies

Rural Water Supplies and Sewerage Acts, 1944 to 1965.

One scheme received approval during the year, that is, the South Derbyshire Water Board's scheme for mains in Somersal Herbert and Marston Montgomery (Ashbourne R.D.C.). The Ministry in giving its approval granted £1,269 towards the estimated total cost of £3,845.

The County is covered generally by Water Boards, but in part of the south by a private company. The following report's from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):

	No. of Houses	Estimated Population Involved
No. of Houses connected to mains ..	88,501	267,610
No. of Houses supplied from standpipes on mains	—	—
No. of Houses not supplied from stand- pipes or mains	1,683	5,149

No. of connections made during year:—

(a) existing houses	.. .. .	18
(b) new houses	.. .. .	1,965
(c) other premises	.. .. .	134

Works carried out by the Board during the year, in addition to the normal extensions of distribution mains, were as follows:—

Homesford Pumping Station—commenced June, 1968.

Ashleyhay Rural Water Supply Scheme—commenced April, 1968; completed August, 1968.

Crich Reservoir—commenced September, 1968.

15" dia. Main, Buckland Hollow/Sleetmoor Lane—completed June, 1968.

Lindway Sludge Disposal Tank—commenced May, 1968; completed November, 1968.

21" main, Sawmill to Little Eaton—commenced November, 1968.

9" dia. main, Bessalone Reservoir to Old Road, Belper—commenced November, 1968.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H. Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains ..	98,940	312,000
No. of Houses supplied from standpipes on mains	16	50
No. of Houses not supplied from stand- pipes or mains	1,358	4,070
No. of connections made during year:—		
(a) existing houses	12	
(b) new houses	1,928	
(c) other premises	80	

Work continued on the Board's Manton Scheme in respect of the Treatment and Softening Plant at Lowtown and this is expected to be completed in 1969. The Service Reservoir at Barlborough is not expected to be completed before 1970. Unsoftened water was supplied during 1968 from the Manton source to a population of approximately 30,000

In order to cater for large scale housing development in the Dronfield Area the Board's work proceeded in 1968 on the construction of a one million gallons capacity service reservoir at Holmesfield and the laying of some two miles of 12-inch diameter trunk main from Holmesfield to the Gosforth Valley area of Dronfield.

A distance of approximately seven miles of new distribution main was laid during 1968 to cater for housing development in the Board's area together with modifications to several existing pumping stations to improve supplies to the consumer.

Sewerage and Sewage Disposal

Rural Water Supplies and Sewerage Acts, 1944 to 1965.

Four schemes received approval during the year, as follows:—

<i>Authority submitting Scheme</i>	<i>Scheme</i>	<i>Estimated Cost</i>
Belper R.D.C.	Derby (extension)	£487
Matlock U.D.C.	Slaley and Riber schemes	£44,000
Repton R.D.C.	Findern (extension)	£1,300
S. E. Derbyshire R.D.C.	Dale Abbey	£12,000

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 99·0% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 91·3%.

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
		<i>Estimated Popu- lation Involved</i>		<i>Estimated Popu- lation Involved</i>
No. of Houses:				
(a) Connected to sewers ..	132,781	380,628	87,373	270,473
(b) Not connected to sewers ..	1,330	3,812	9,577	25,722
No. of Connections made during year:				
(i) existing houses	34	—	46	—
(ii) new houses	2,795	—	1,604	—
(iii) other premises	57	—	11	—
No. of conversions of other closets to W.C.s	55	—	169	—

Some notes follow of improvements made, or in progress, in the various districts.

Buxton Borough—New sewers at Heathfield, Nook Road, for 40 houses.

Glossop Borough—Programme of redesign of sewer sections and storm overflow chamber under consideration. Plans for extension of sewage works with Ministry of Housing.

Long Eaton U.D.C.—Two new humus tanks added to sewage disposal works at Toton. Three major drainage and culverting schemes carried out at Sawley and New Sawley.

Matlock U.D.C.—Riber sewerage scheme commenced.

Ripley U.D.C.—Sewer extension and pumping station at Nether Heage under construction.

Swadlincote U.D.C.—Two radial upward flow humus tanks under construction at Stanton Works.

Bakewell R.D.C.—Southern Area sewerage scheme commenced. Contract figure for first phase £753,000.

Belper R.D.C.—Schemes completed:— Kirk Langley sewerage; surface water scheme at Duffield; re-laying of sewers at Denby Village, Smalley and Crich; re-laying of pumping main from Burley Hill to Duffield sewage works. Schemes in progress:— Hazelwood and Windley sewerage scheme, with additional extensions.

Chesterfield R.D.C.—Works completed:— New sewage works at Stonebroom, (Westwood Brook sewerage and sewage scheme Stage 1); new composting plant at Pilsley (Southern Area Composting Scheme, Stage 1); Holmewood surface water sewer—Stage 1; main trunk sewers constructed to enable development of West Killamarsh area; short sewer extension at Ashley Lane, Killamarsh. Work in progress; sewer being renewed at New Higham.

Clowne R.D.C.—New sewer constructed on south side of Clowne to serve proposed southern area development. Hollin Hill, Clowne, sewage works being enlarged and improved to deal with anticipated increase in flow.

Repton R.D.C.—Relaying of sewer, Burton Road, Castle Gresley, completed; Church Broughton, Foston and Scropton sewerage and sewage disposal scheme completed; Overseal grassplots completed; Watery Lane, Scropton, scheme commenced; Willington irrigation area commenced.

S. E. Derbyshire R.D.C.—Golden Brook (Breaston) flood prevention scheme completed. Stanley and West Hallam sewerage scheme completed enabling four small works at Morley, Smalley Common, Stanley Common and Stanley Village to be demolished, and load to be reduced at West Hallam works. Aston, Weston and Shardlow sewerage and sewage disposal scheme commenced. Mooring Lane sewage disposal works commenced (for Ockbrook and Borrowash).

Housing

Figures submitted by the District Councils show that an additional 841 houses have been declared unfit and 569 demolished or closed. Comparison with previous years shows a gradual slackening in the programme: one obstacle is undoubtedly the cost of providing Council houses to re-house tenants from slum properties.

With regard to improvement grants, there has been a welcome increase in the overall number made, from 2,131 in 1967 to 2,313 in 1968. Improvement area procedure seems to be unattractive to local authorities in the County.

SLUM CLEARANCE

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1968	7,699	7,651
Total No. of houses demolished or closed 1955 to 31/12/1968	6,245	5,487
During 1968:—		
Houses demolished—		
(a) in Clearance Areas	255	127
(b) not in Clearance Areas	156	84
Unfit houses closed	76	16
Unfit houses made fit and houses in which defects were remedied	2,098	486
Unfit houses in temporary use	50	—
Houses in Clearance Areas purchased	202	106

IMPROVEMENT GRANTS

	<i>No. approved for conversion or improvement (Housing Act 1958)</i>	<i>No. approved for improvement (Housing Act 1959) ('standard grants')</i>
Municipal Boroughs and Urban Districts	244	1,192
Rural Districts	163	714

IMPROVEMENT AREAS

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
(a) No. declared	1	1
(b) No. of houses in declared areas ..	44	36
(i) No. of improvable dwellings ..	44	13
(ii) No. of (i) above of tenanted improvable dwellings ..	—	11
(c) No. of houses lacking standard amenities	44	24
(d) No. of houses brought to full standard	22	7
reduced standard	—	—

NEW HOUSING

	<i>No. of new dwellings completed during 1968</i>	
	<i>by local authorities</i>	<i>by private enterprise</i>
Municipal Boroughs & Urban Districts ..	1,014	1,667
Rural Districts	265	950

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	<i>No. of Baths</i>		<i>Samples taken</i>	
	<i>Public</i>	<i>Private (Open to Public)</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Municipal Boroughs and Urban Districts	13	6	248	31
Rural Districts	2	4	28	6

Refuse Collection and Disposal.

The new disposal plant for Chesterfield R.D.C. was put into use during the year. There are stages for pulverisation, ferrous metal extraction and removal of rejects, and mixing of pulverised refuse with sewage sludge. The estimated cost was £185,000.

Vehicle standards are gradually being improved in the County, with a tendency towards rear-loading, larger capacity, compacting types.

The table below gives details of present methods:—

	<i>Collection</i>		<i>Disposal</i>		
	<i>Direct Labour</i>	<i>Contract</i>	<i>No. of Con- trolled Tips</i>	<i>No. of Uncon- trolled Tips</i>	<i>Destruc- tor Works</i>
Municipal Boroughs and Urban Districts	20	—	23	1	1
Rural Districts	9	—	21	1	—

Meat Inspection.

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year:—

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
	<i>Number killed and Inspected</i>	<i>Number killed and Inspected</i>
Cattle, excluding cows	25,296	13,981
Cows	20,062	5,360
Calves	1,072	520
Sheep and Lambs	81,835	51,538
Pigs	59,332	21,806
Horses	—	—

Movable Dwellings.

The Caravan Sites Act, 1968, made possible the provision of sites for gypsies and similar travellers.

	<i>Licensed Caravan Sites</i>				<i>Individual Licensed Vans</i>
	<i>Holiday</i>		<i>Residential</i>		
	<i>Sites</i>	<i>Vans</i>	<i>Sites</i>	<i>Vans</i>	
Municipal Boroughs and Urban Districts ..	9	149	20	383	24
Rural Districts	79	690	86	563	104

Offices, Shops and Railway Premises Act, 1963

The figures below indicate the work that has been done during the year. These and other statistics have to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>		<i>Total No. of registered premises at end of year</i>		<i>No. of registered premises receiving a general in- spection during the year</i>	
	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>
Offices	37	6	885	181	269	67
Retail Shops	88	77	2,253	857	872	535
Wholesale shops, and warehouses	5	2	95	36	27	16
Catering establishments open to the public, canteens	8	13	315	202	119	157
Fuel storage depots ..	—	2	28	18	10	7
Totals ..	138	100	3,576	1,294	1,297	782

PERSONS EMPLOYED IN REGISTERED PREMISES

<i>Class of workplace</i>	<i>No. of persons employed</i>	
	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>
Offices	8,071	1,011
Retail shops	10,197	2,655
Wholesale departments, warehouses ..	1,088	349
Catering establishments open to the public. .	1,977	1,255
Canteens	132	40
Fuel storage depots	133	73
Total	21,598	5,383
Total Males	8,632	2,087
Total Females	12,966	3,296

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

- (a) general regulatory powers;
- (b) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

Readings of deposit gauges, etc., in some of the districts are given below. In addition to those shewn, some other Councils are operating gauges but figures in respect of them have not been made available.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Bolsover U.D.C.				
Woodhouse Lane	17.36	7.33	—	—
Moor Lane	12.93	6.13	2.90	1.01
Cundy Road	—	—	2.22	0.54
Chesterfield Borough				
St. John's Road Depot	22.71	7.63	2.06	0.73
Sewage Works	18.51	6.63	1.84	0.57
Heanor U.D.C.	16.33	4.26	—	—
Staveley U.D.C.				
Hartington Colliery	31.55	12.11	2.28	1.06
Staveley Works Canteen	29.35	15.91	—	—

The following is a summary of information supplied by some local authorities relating to atmospheric pollution:—

Alfreton U.D.C.—Alfreton (No. 2) Smoke Control Order confirmed.

Chesterfield Borough—There are four Smoke Control Orders in operation in the Borough covering a total area of 1,202 acres and containing some 5,200 premises. In addition the Chesterfield No. 5 (Dunston) Smoke Control Order was confirmed by the Ministry of Housing & Local Government on the 12th of January 1968, and will become operative on the 1st of July 1969. The size of this area is 198 acres and it contains 730 properties including 717 dwelling houses. The conversion and/or adaptation of the heating appliances in this area is proceeding. The survey of a further area contiguous with the No. 3 and No. 4 Areas is now being carried out.

The Borough Council continues to participate in the National Survey of Atmospheric Pollution being carried out by the Ministry of Technology and records of pollution within the Borough are taken from three daily volumetric recording instruments sited to monitor industrial, commercial and residential areas.

Records are also taken of the monthly “fall out” of solid matter and the estimation of sulphur dioxide in the atmosphere at stations sited at St. John's Road, Whittington Moor and at the Sewage Works, Old Whittington.

Glossop Borough—Third Smoke Control Area confirmed (operative in 1969). Two statutory notices issued and complied with.

Heanor U.D.C.—No. 3 (Aldreds Lane) Smoke Control Order 1967 not yet confirmed. No. 1 (Marlpool Farm Estate) Order 1963, still deferred until August, 1969. Total solids (tons per sq. mile) monthly readings, highest 16.33, lowest 4.26.

New Mills U.D.C.—Hoped to install and operate instruments early in 1969 following visits made by representatives of Warren Springs Laboratory (Ministry Research Establishment).

Ripley U.D.C.—No. 1 (Hartshay Hill, Ripley) Smoke Control Order confirmed (operative in 1969).

Whaley Bridge U.D.C.—Measuring apparatus installed at Furness Vale.

Chapel R.D.C.—Six standard deposit gauges now in operation.

Chesterfield R.D.C.—Area No. 10 Order confirmed.

Belper R.D.C.—First Smoke control Area, at Shipley, covering 217 acres, confirmed. Operative in 1969.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1968 there were 176 Midwives on the County Roll—92 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; 77 were County Midwives, and 7 were County Home Nurse/Midwives.

Records Received.—The following table gives the records received, with corresponding figures for the previous five years:—

	1963	1964	1965	1966	1967	1968
Records received:—						
Medical Help	366	339	404	334	286	272
Stillbirths	92	85	72	66	72	55
Deaths of Children	51	35	45	45	38	36
Deaths of Mothers	1	1	—	—	1	1
Laying out the dead	—	—	—	—	—	—
Liability to be a source of infection	24	25	32	21	18	17
Puerperal Pyrexia—Midwives' Cases	7	7	9	2	7	7
Ophthalmia Neonatorum—All cases	1	8	3	2	2	—

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, required puerperal pyrexia to be regarded as a notifiable disease. (Puerperal Pyrexia was defined as "any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage"). However, under the Public Health (Infectious Diseases) Regulations, 1968, which came into operation on 1st October, 1968, Puerperal Pyrexia is no longer a notifiable disease.

Maternal Mortality.

The Maternal Mortality rate for the whole County for the year 1968 was 0·087 per thousand live- and still-births. The following table gives the maternal mortality rate in the County for 1950, 1955 and yearly from 1960:

<i>Year</i>	<i>Rate</i>
1950	1·44
1955	0·38
1960	0·33
1961	0·32
1962	0·30
1963	0·30
1964	0·22
1965	0·072
1966	0·44
1967	0·15
1968	0·087

A Report on confidential enquiries into maternal deaths in England and Wales, 1964-1966, has been published by the Department of Health and Social Security. In introducing the Report, Sir George Godber, the Chief Medical Officer, discusses some of its findings. It is thought that it would be interesting and informative if I quoted some of his comments.

The Report, which is the fifth of a series of triennial reports on confidential enquiries into maternal deaths, indicates that in England and Wales maternal deaths directly due to pregnancy and child birth and deaths due to disease which occurred during pregnancy or childbirth were less than half those for the three years covered by the first report. It is felt, however, that "haemorrhage and sepsis are still too frequent causes of maternal deaths and the incidence of death due to or associated with anaesthesia has increased although the number of deaths associated with anaesthesia for all purposes is steadily falling. Over one-third of the deaths with an avoidable factor were associated with illegal abortion. It is of considerable importance that everyone concerned with the social or medical well-being of women in this country understands that the legislation of 1967 makes possible a comprehensive family planning service in every locality and the women themselves know of the facilities available . . ." It is pointed out that "despite increasing attention to the selection of women who are known to be at particular risk for

hospital confinement, the incidence of death amongst those booked for delivery at home remains much the same as for those booked for delivery in hospital where the deliberate selection of women with adverse medical, obstetric and social histories would be expected to produce a higher rate. The proportion of deliveries in hospital increased from 67% to 72% during the period and is still increasing. If this continues it must become questionable whether enough domiciliary midwifery remains to permit an efficient service..... There is little doubt from the findings of this enquiry that in this country a woman is at least risk if she has her first child between the ages of 20 and 25 years and completes her family before her thirtieth birthday. A fifth or subsequent pregnancy at any age is associated with diminished safety, and the mother having her first pregnancy when she is forty or more years old requires very special care from doctors and midwives. The identification of increasing age irrespective of parity as a factor associated with death from pulmonary embolism may help to throw light on an intractable problem and suggest the type of patient who requires special observation”.

Ophthalmia Neonatorum.

During the year no cases of ophthalmia neonatorum were notified.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1968 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, “Craiglands”, The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary’s Nursing Home, Ednaston Lodge, Ednaston	22 Medical and Surgical Cases.
Cliff House Nursing Home, Cliff House Clowne, Nr. Chesterfield	11 Medical Cases.
Borrowash House, Borrowash, Derby ..	20 Unmarried Mothers.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948 (as amended by Section 60 of the Health Services and Public Health Act 1968).

At the beginning of the year there were 28 registered child minders (243 places), and 42 day nurseries (792 places). During the year, 20 applicants were registered as child minders (155 places), 3 certificates of registration were surrendered and 17 transferred to Derby (144 places); and 6 additional places were approved for persons already registered; so that at the end of 1968 there were 28 child minders with 260 places. Thirty-four day nurseries (654 places) were registered; three (60 places) ceased to operate and seven (182 places) transferred to Derby; 34 additional places were approved for persons already registered, bringing the number of day nurseries at the end of the year to 66 with 1,238 places.

The above Act was amended by Section 60 of the Health Services and Public Health Act, 1968. These amendments have extended the scope of the 1948 Act to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of 5 years to whom they are not related, for similar periods. Maximum penalties for failure to register are increased.

Simultaneously with the amendments, a circular was received from the Department of Health and Social Security dealing with "Day Care Facilities for Children Under 5". An investigation was carried out by the County Health Department into the numbers and needs of children in the priority categories. It was revealed that approximately 4,000 children under the age of 5 years (excluding Chesterfield) are in need of full or part-day care. The numbers in need of full or part-day care are in approximately equal proportions. The whole problem of dealing with these priority groups of children is under discussion by the County Education and Health Departments. Further investigations will be necessary to decide how help can be provided to be of optimum benefit to these children. Financial assistance will play a major role, but advice in the form of Courses for Play Group Supervisors will also be of the utmost importance, if these young children are to benefit fully from the care which it is envisaged will become available over the next two to three years.

The initial response to the publicity given to the amendments to the Nurseries and Child Minders Regulation Act, 1948, was an influx of applications from child minders who suddenly found themselves requiring to be registered but who hitherto had been exempt. It does not appear to have brought to light any areas of squalid child minding such as has been experienced in some large cities.

THE NURSES AGENCIES ACT, 1957

This Act provides that "a person carrying on an agency for the supply of nurses shall, in carrying on that agency, only supply (a)

registered nurses; (b) enrolled assistant nurses; (c) certified midwives; (d) such other classes of persons as may be prescribed”.

Every person to whom a nurse is supplied by an agency is to be given a statement in writing of the qualifications of the person supplied, and such agencies are not to be carried on unless the selection of the person to be supplied for each particular case is made by or under the supervision of a registered nurse or a registered medical practitioner. The main provision of the Act affecting the County Council is that no person shall carry on an agency for the supply of nurses unless he is the holder of a licence issued by the local authority authorising him to do so. During the year, the one nursing agency which was licensed by this Authority was transferred to Derby Borough.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967

On 31st July, 1967 the Ministry of Health issued Circular 15/67 concerning this Act, which received the Royal Assent on 28th June, 1967. The Act confers on local health authorities in England and Wales a general power, with the approval of the Minister of Health (and, when the Minister directs, imposes a duty on them), to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. The Circular pointed out that the Act “extends the existing powers of local health authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases, i.e. for women likely to suffer detriment to their health as a result of pregnancy. In so doing, the Act goes beyond the existing powers limited under Section 28 of the National Health Service Act, 1946 to the prevention of illness, and constitutes a new and entirely separate provision replacing the powers relating to family planning under that Section”.

Paragraph 9 of the Circular stated that: “The Minister hopes that the extension of existing powers conferred by the new Act will provide a stimulus to further action on the part of all authorities. He would be glad, therefore, if authorities would again review their family planning facilities and the arrangements made for publicising the places and times of family planning clinics, including the giving of information by health visitors, midwives, home nurses, social workers and others in the course of their daily work. The Minister hereby approves the making of arrangements under the National Health Service (Family Planning) Act by local health authorities and by authorities exercising delegated health powers to provide—whether directly or through a voluntary body—family planning advice, examinations, prescriptions and supplies to the public generally”. The Circular indicated that the Minister hoped that local health authorities would continue to make use of the services of the

Family Planning Association and similar voluntary organisations. It was also pointed out in the Circular that "Family planning advice and prescriptions may of course be obtained from general medical practitioners, and hospital authorities may also provide family planning advice and supplies as part of the general provision for medical care of their patients."

Prior to the issue of Circular 15/67, the County Council in operating their powers under the National Health Service Act, 1946, co-operated with the Derbyshire and Derby Branch of the Family Planning Association and made available, at agreed times, free of charge, the use of their clinics and made grants in respect of each family planning clinic set up by the Branch. After considering the Circular, the County Health Committee agreed in the exercise of their extended powers, to continue to make use of the Family Planning Association. It also agreed in principle to health visitors, home nurses and midwives giving advice and information, as suggested in the Circular. The Family Planning Association intimated that they were willing to act as the County Council's agents in providing the service under the new Act, and not only to provide it from the Family Planning Clinics then in operation but to plan its extension from other Clinics. Consideration was given to the financial implications of a proposed programme of expansion. In view, however, of the national economic situation and the curtailment in public expenditure it was agreed to defer for the time being the implementation of the proposed agency arrangements, but to increase the financial grant to the Branch and continue discussions with them concerning the extension of the service. The following are particulars of the family planning sessions at the 16th May, 1969:—

Family Planning Sessions at 16th May, 1969

ILKESTON :

County Council Clinic, Albert Street.
Every Wednesday evening 6—8 p.m.

ALFRETON :

County Council Clinic, Grange Street.
Each Tuesday and Wednesday evenings 6.15—7.45 p.m.

BUXTON :

County Council Clinic, Bath Road.
Each Tuesday evening 7—8 p.m.

CHESTERFIELD :

County Council Clinic, Brimington Road.
Each Wednesday 2—4.30 p.m. and 6—7.30 p.m.
Every Thursday 2—4 p.m. and 6—7 p.m.
1st, 3rd and 5th Thursday a.m.
Edmund Street
Every Friday morning 10 a.m.—12 noon.

DRONFIELD :

County Council Clinic, The Grange.
Every Tuesday evening 6.30—8 p.m.

DERBY :

Green Street Clinic
Monday 7—8.30 p.m.
Tuesday 1—3.30 p.m. and 7—8.30 p.m.
Thursday 9.30—11.30 a.m. and 1.30—3.30 p.m.
Friday from 7 p.m. (by appointment)

GLOSSOP :

County Council Clinic, George Street.
1st and 3rd Wednesday afternoons 1.30—2.30 p.m.
Each Wednesday evening 7—8 p.m.

HEANOR :

County Council Clinic, Wilmot Street.
Every Thursday evening 6—8 p.m.

MATLOCK :

County Council Clinic, Lime Grove Walk.
Every Monday evening 6.30—8.30 p.m.
Alternate Thursday mornings.

ASHTON-UNDER-LYNE :

The Clinic, Crickets Lane.
Every Monday 7—8 p.m.

BURTON-ON-TRENT :

Infant Welfare Centre, Cross Street, Burton-on-Trent.
Each Monday evening 6—8 p.m.
1st Friday evening 6—8 p.m.

CLOWNE :

County Council Clinic.
Each Wednesday 6—8 p.m.

STAVELEY :

County Council Clinic, Lime Avenue.
Alternate Saturday mornings 10 a.m.—12 noon and Thursday evenings.

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, since that time, apart from the war years. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this progress.

The following table shows the number of new cases and deaths in 1914, thereafter at ten-yearly intervals to 1964, and subsequently at yearly intervals.

TUBERCULOSIS

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>New Cases</i>	<i>Deaths</i>	<i>New Cases</i>	<i>Deaths</i>
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1964	171	24	26	2
1965	145	29	30	3
1966	106	28	29	4
1967	85	18	16	—
1968	79	14	24	4

New Cases during 1968

The number of cases of tuberculosis notified during 1968, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-Respiratory forms of the disease, are shown in the following table:—

Age Groups	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total All Ages
<i>Respiratory—</i>														
Males ..	—	—	—	—	1	5	3	4	9	10	18	4	1	55
Females ..	—	—	—	—	—	1	2	8	3	5	4	—	1	24
<i>Non-Respiratory—</i>														
Males ..	—	—	—	1	—	—	—	3	3	1	1	1	—	10
Females ..	—	1	1	1	1	—	2	4	—	2	—	2	—	14
Total ..	—	1	1	2	2	6	7	19	15	18	23	7	2	103

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary:—

SUMMARY OF NEW CASES FOR THE PAST NINE YEARS

	1960	1961	1962	1963	1964	1965	1966	1967	1968
<i>Respiratory—</i>									
Males ..	175	144	97	104	113	90	73	62	55
Females ..	92	68	56	64	58	55	33	23	24
Totals ..	267	212	153	168	171	145	106	85	79
<i>Non-Respiratory—</i>									
Males ..	19	21	18	16	3	15	13	4	10
Females ..	16	29	22	18	23	15	16	12	14
Totals ..	35	50	40	34	26	30	29	16	24
Total— Pul. and Non-Pul. ..	302	262	193	202	197	175	135	101	103

Deaths from Tuberculosis.

The death rate per 1,000 of the population during each of the last five years is as follows:—

	1964	1965	1966	1967	1968
Respiratory ..	0.031	0.037	0.036	0.023	0.021
Non-respiratory ..	0.003	0.004	0.005	—	0.006
	<u>0.034</u>	<u>0.041</u>	<u>0.041</u>	<u>0.023</u>	<u>0.027</u>

The provisional figure for England and Wales supplied by the Registrar General for 1968 is 0.043 deaths per thousand of the home population.

NATIONAL HEALTH SERVICE ACT, 1946
CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)
ANTE-NATAL SCHEME

At the beginning of the year, facilities for Ante-Natal sessions were available at 22 County Council clinics. Owing to the lack of demand, no Ante-Natal sessions were held at the Buxton and Swadlincote Clinics. As a result of the extension of the area of Derby Borough, the Chaddesden Clinic was transferred to that Authority on 1st April, 1968. All the Ante-Natal sessions throughout the Administrative County were conducted by County Council Medical Officers, with the exception of one, which was conducted by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows:—

ALFRETON	..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE	..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	..	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON	..	County Council Clinic, Bath Road, Buxton. (Sessions suspended owing to lack of demand).
CHADDESSEN	..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m. (Transferred to Derby Borough on 1/4/68).
CHESTERFIELD		County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS	..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	..	County Council Clinic, Cathedral Road, Derby. 2nd 3rd, 4th & 5th Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD	..	County Council Clinic, The Grange, Dronfield. Each Tuesday, 9 a.m. to 12.30 p.m.
ECKINGTON	..	County Council Clinic, Gosber Street, Eckington. 1st, 3rd and 5th Tuesday, 9 a.m. to 12.30 p.m.
GLOSSOP	..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HEANOR	..	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.

ILKESTON	..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON	..	County Council Clinic, off Midland Street, Long Eaton, Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK	..	County Council Clinic, Lime Grove Walk, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	..	County Council Clinic, Derby Road, Ripley. Each Friday, 9 a.m. to 12.30 p.m.
SHIREBROOK	..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY	..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE		County Council Clinic, Civic Centre, off Midland Road, Swadlincote. (Sessions suspended owing to lack of demand).

The following are the number of sessions and attendances at all the Ante-Natal Clinics during 1968:—

Half-day Sessions	..	..	..	983
Number of New Cases	..	..	..	1,043
Total number of attendances	..	..	..	3,425
Post-natal visits	..	..	..	76

Chest Radiography in Pregnancy

In July, 1968, the Ministry of Health intimated that the sub-committee of the Standing Medical Advisory Committee had considered the advisability of routine chest radiography during the ante-natal period and gave the following advice:—

“(i) The general policy should be to take full-sized chest x-rays of all expectant mothers before the twenty-fourth week with full precautions to minimise the radiation risks.

(ii) A routine chest radiograph in accordance with the policy at (i) is not required if an individual is known to have had a normal chest x-ray within the previous three years, or if there is evidence of successful B.C.G. vaccination within the previous ten years. Care is needed to obtain positive evidence of vaccination (e.g. a scar) as individuals are often not aware that they had only a positive tuberculin test and no vaccination.

(iii) Irrespective of what is said at (ii), in any of the following circumstances there is a positive indication for chest radiograph.

Recent immigration to this country;
 Family history of tuberculosis in close relatives;
 History of recent contact;
 Respiratory symptoms or unexplained ill health;
 Recent tuberculin conversion or large reaction to tuberculin test;
 Bad home conditions.”

The above information was transmitted to the appropriate County Council medical staff.

Ante-Natal Care Related to Toxaemia

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a “pattern of supervision” as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-Natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing

Since 1957, the Maternal and Child Welfare Medical Officers have been supplied with Sahli Haemoglobinometers, so that haemoglobin estimations may be made. During 1965, consideration was given to replacing these with equipment permitting more accurate estimations. It was decided to provide the Medical Officers with MRC Grey Wedge Photometers.

During 1968 ferrous sulphate and ferrous gluconate tablets were supplied at the clinics. (In May, 1969, the manufacturers discontinued the supply of ferrous sulphate tablets and these were replaced by ferrous fumarate tablets). Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd-34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Prevention of Rhesus Haemolytic Disease of the new-born (scheme for immunisation with anti-D).

Dr. Harries, the Senior Medical Officer for Maternal and Child Health, has provided the following note on this subject:-

"Research has shown that the giving of anti-D immunoglobulin (gammaglobulin) to Rh-negative mothers soon after the birth of a Rhesus-positive baby can prevent the formation of antibodies and lessen the risk of a later child suffering from rhesus haemolytic disease. Unfortunately mothers who have already developed antibodies are not helped by the administration of anti-D immunoglobulin. In recent months supplies of the immunoglobulin are slowly becoming more readily available and laboratory facilities have been set up so that the whole of Derbyshire could now be covered by the appropriate laboratory for different areas. The Family Doctors and Midwives are fully conversant with the procedures involved".

Ante-natal Records—Each patient attending the clinic receives a standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water tight system as the local authority are not always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes

At the end of 1968 classes were being held at the following County Council Clinics:-

Alfreton, Belper, Bolsover, Buxton, Chapel-en-le-Frith, Chesterfield, Clay Cross, Clowne, Derby, Dronfield, Eckington, Glossop, Heanor, Hope, Ilkeston, Long Eaton, Matlock, Melbourne, New Mills, Ripley, Shirebrook, Staveley, Swadlincote, and Wirksworth.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:-

Mothers are invited to attend a series of six-eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods; maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend, the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife:

- (a) the preparation for the confinement;
- (b) the stages of labour and the normal delivery;
- (c) the administration of analgesia with demonstration of gas and oxygen and trilene machines;
- (d) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:

- (i) diet and nutrition in pregnancy;
- (ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- (iii) the preparations for the baby including layette, cot and pram;
- (iv) care of the baby including feeding;
- (v) the post-natal examination;
- (vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- (vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth Without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which the late Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital ante-natal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special Courses for Midwives have been arranged by the Royal College of Midwives in mothercraft and relaxation, and up to the end of 1968, 105 Midwives have attended. Ten Midwives are being sent each year until all the Midwives have had an opportunity of attending.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield, has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available providing arrangements are not left until the last moment. In most cases, however, applications are based on social need. Where insufficient beds are available for all applicants such cases are referred to this authority for a report on the home circumstances.

In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

Consultant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hours. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances:-

	<i>Bed Bureaux</i>		<i>Other Hospitals</i>
	<i>Derby</i>	<i>Chesterfield</i>	
Suitable for home confinement	11	58	8
Hospital accommodation desirable but not essential	25	238	42
Home conditions unsuitable and hospital confinement necessary	21	406	93
Home conditions unsuitable and Hospital confinement and a full 10-day stay necessary (from December, 1968) ..	—	6	1
Miscellaneous visits (i.e., cancellations miscarriages, removals from districts, etc.)	1	22	17

CHILD HEALTH CENTRES

During 1968, five new Child Health Centres were opened in the County, but the total was reduced to 103, owing to the transfer of nine Centres to Derby Corporation on 1st April, 1968.

The number of sessions and attendances at the Child Health Centres during 1968 are set out below:—

Half-day sessions	..	..	..	..	4,579
Number of children who attended during the year and were born in:—					
1968	..	..	..	..	8,148
1967	..	..	..	..	8,823
1963/6	..	..	..	..	6,872
Total number of children who attended during the year	..	..	..	..	23,843
Total attendances during the year	..	..	..	..	186,737

CARE OF PREMATURE INFANTS

(i.e., babies weighing $5\frac{1}{2}$ lbs. or less at birth).

Local Health Authorities are required by the Department of Health and Social Security to provide statistics about premature babies. They relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority. The figures for 1968 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	585
(b) At Home or in a Nursing Home	..	..	..	..	74
Total	..	..	..	..	659
Number of premature still-births notified (as adjusted by transfer notifications):—					
(a) In Hospital	..	..	..	..	72
(b) At Home or in a Nursing Home	..	..	..	..	7
Total	..	..	..	..	79

Of the 585 premature babies who were born in hospital 40 died within twenty-four hours of birth and 519 survived twenty-eight days.

Of the 74 born at home or in a nursing home, twenty-two transferred to hospital on or before the twenty-eight day, and of the remainder, four died within twenty-four hours of birth, and 67 survived twenty-eight days.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

Phenylketonuria.

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with the condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the doctors of patients concerned are notified of any positive results.

In May, 1961, arrangements were made for Health Visitors to test the urine of all the babies in their areas, generally as soon as they reached three weeks of age. A Special Conference appointed by the Medical Research Council commenced in 1960 investigating various scientific and administrative questions in connection with the early diagnosis and treatment of phenylketonuria, and in their final Report published in 1963 they expressed the view that the fourth week of life is probably the optimum time for testing and that a test at the sixth week probably safely detects most cases. But, to avoid all possibility of doubt, the Report suggested that, where practicable, a system of two tests might be employed: one to be carried out about the 10th-14th day of life, and one later, at the discretion of the local authority concerned but preferably between the fourth and sixth week. The Health Visitors were requested to carry out these tests accordingly. In order to relieve the Health Visitors of some of the extra work involved, however, the Authority's domiciliary Midwives were asked to carry out the test on the tenth day of the urine of babies delivered by them at home, and to ensure that the result of the test is made known as soon as possible to the Health Visitor concerned.

I wrote the following letter to the County Council's medical and health visiting staff on 22nd April, 1965:

"Testing for Phenylketonuria after Infancy"

The following is a copy of a letter that appeared in the *British Medical Journal* on 17th April, 1965, over the signature of Sir Alan Moncrieff, the Chairman of the Medical Research Council's Working Party on Phenylketonuria:

"Sir,—While the scheme for the routine testing of urine of young babies for phenylpyruvic acid is proceeding reasonably well, there is evidence that this is not always carried out in routine urine testing of older children. Some hospital centres carry out the appropriate tests on routine samples of urine provided for tests for albumin and glucose, but this may only occur in selected clinics, usually in the general medical out-patient clinics or in the medical wards, and the practice is by no means universal, especially as fresh specimens are essential for the detection of the volatile phenylpyruvic acid. Certain categories of children are definitely at risk. These are children with eczema, fits, or mental retardation. Siblings of children known to have phenylketonuria should obviously be investigated, but they should have serum-phenylalanine estimations performed. Examination of urine for phenylpyruvic acid is too unreliable in this situation.

Perhaps one reason for neglecting to carry out tests in older children is the mistaken impression that nothing can be done for them. This is not a general experience. Some children after infancy will show a rise of 15 to 20 points in their intelligence quotients after they have been placed on a phenylalanine-restricted diet, and some do even better. This may lift them from being classified as unsuitable for education into the educationally sub-normal category. A few may even attend ordinary schools. All children in hospitals for the mentally handicapped, those attending training centres, and those in schools for the educationally sub-normal should have their urine tested, as this may lead to early detection of phenylketonuria in a younger sibling. In any scheme at any age some affected children may be missed, but clearly detection would be improved if as many children as possible are tested."

Perhaps the Medical Staff will kindly bear in mind his recommendations when they are carrying out their medical examinations, as well as the Health Visitors when an opportunity arises for them to examine the urine."

Two positive results were obtained from children born during 1968. In each case the child's Family Doctor arranged for the patient to be admitted to hospital for investigation. In one case phenylketonuria was confirmed and the child is receiving treatment.

Towards the end of 1968 a report was received from the Ministry of Health concerning the screening for phenylketonuria by the Guthrie blood test method. At the time of writing this Report, the arrangements by the laboratory services had not reached a sufficiently advanced stage for the tests to be carried out.

WELFARE FOODS

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Ante-Natal Clinics and Child Health Centres which are sold at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri

Sulphatis Co. which were replaced in May, 1969, by ferrous fumarate tablets), Ferrous Gluconate, and also of calcium with vitamins (Tabs. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Health Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocations of all Welfare Foods available at Child Health Centres are as follows:—

<i>Product</i>	<i>Price</i> s. d.	<i>Allocation</i>	
<i>Adexolin</i> (Small) ..	1 1	1 bottle per week	Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
(Large) ..	3 2		
<i>Ostermilk</i> ..	3 3	1-3 packets per week	
<i>Ovaltine</i> ..	2 4	1 tin per week	
<i>Rose Hip Syrup</i> ..	2 0	1 bottle per week	
<i>S.M.A.</i> ..	5 6	1-3 tins per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Virol</i> ..	1 10	1 carton per week	
<i>Lactagol</i> ..	2 7	1 packet per week	
<i>Ovaltine</i> ..	2 4	1 tin per week	
<i>National Dried Milk</i> ..	2 4	& milk token	
(1 to 2 tins per week)	4 0	at full price	Available to expectant and nursing mothers, children under 5 and handicapped children.
<i>Orange Juice</i> ..	1 6		
<i>Cod Liver Oil</i> ..	1 0		
<i>Vitamin A & D Tablets</i> ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1968:—

	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>Vitamin A. & D. Packets</i>	<i>Orange Juice Bottles</i>
Issued against coupons—				
(a) By stamps ..	620	—	—	—
(b) by cash ..	30,833	—	—	—
(c) free ..	2,536	533	106	2,481
Issued to:—				
N.H.S. Hospitals ..	856	—	—	203
Day Nurseries ..	33	360	—	536
Issued at full price:—	22,271	6,772	10,921	130,763
Totals ..	57,149	7,665	11,027	133,983

The number of types of distribution centres serving County residents are given below:—

<i>Location</i>	<i>At County Council Clinics or Child Welfare Centres</i>	<i>At Other Premises</i>
Chapel-en-le-Frith R.D. ..	5	5
Glossop Borough	2	1
New Mills U.D.	1	—
Whaley Bridge U.D.	1	—
Buxton Borough	3	—
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	2
Ashbourne U.D.	1	1
Repton R.D.	4	12
Swadlincote U.D.	1	3
Chesterfield R.D.	16	4
Chesterfield Borough	9	—
Bolsover U.D.	2	—
Staveley U.D.	3	2
Clay Cross U.D.	1	—
Dronfield U.D.	3	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	2	5
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D. ..	8	1
Ripley U.D.	3	—
Heanor U.D.	2	2
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals ..	97	61

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

Mr. H. E. Gray, the Chief Dental Officer, has provided the following report:—

“The dental treatment for expectant mothers and pre-school children was carried out at the routine treatment sessions for the school children. No separate sessions were set apart, the appointments being arranged to suit the convenience of the patients as far as possible. The amount of time devoted to this work was the equivalent of 71 half days for the year. This was somewhat less than in the previous year. Fewer parents sought appointments for their children. Interruptions caused by staff changes and the transfer to Derby Borough of a large part of the population through boundary alterations, accounted for this.

Since the abolition of the treatment charge for the priority classes in the national health service, expectant mothers seem to prefer to visit the general dental practitioners, lessening the demand made by them.

Some 600 children had inspections, including all those attending the Day Nurseries. Some had second check-ups within the year, the parents having been advised to have this done every 6 months and in some cases oftener. Most of the children were three and four years of age and approximately two thirds of them had defects of some kind. (For statistical purposes, children aged five, but not yet at school, were recorded in the Department of Education and Science reports). Over half had the treatment prescribed carried out and it is pleasing to report that conservative and preventive measures outweighed the need for extractions. In connection with the latter, the requests for urgent attention, for the relief of acute toothache, were considerably less than in previous years. A factor in this could well be the result of the continuous dental health campaign, which has been running for a number of years. As part of the educational work, parents were given information on dental care, use being made of the many suitable leaflets available for this purpose. Attractive colourful posters and displays were on exhibition, and short talks, in some cases with film shows, were a feature at ante-natal clinics or relaxation classes.

Dental health propaganda work has become a very important factor in dental care of the young and the work in this field has increased in scope and intensity over the years. The overall aim is prevention and the results are seen as more and more parents seek early advice.

Nothing is more gratifying to the dentist than to see a sound well-cared for mouth, or to be able to deal speedily with defects in the early stages with little or no discomfort to the patient."

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review:—

1. Number of illegitimate births known to the Welfare Authority for the period 1st January, 1968 to 31st December, 1968	.. .. .	408
Number of unmarried mothers	.. .. .	335
Number of married mothers	.. .. .	68
Number of widows	.. .. .	3
Number of divorcees	.. .. .	2
2. The number in which the mother and child:—		
(a) returned to live with mother's parents	.. .. .	158
(b) returned to live with relatives	.. .. .	7
(c) found or were helped to find lodgings where they could live together (of these 51 went to Borrowash House Mother and Baby Home and 5 to The Firs, Bakewell)	.. .. .	56
(d) living in their own homes	.. .. .	21
(e) had to separate (i) the child going to the care of a foster mother	.. .. .	17
(ii) the child going to a Residential Nursery	.. .. .	1

3. The number of illegitimate children who had been or were being legally adopted	69
4. The number of mothers who have married since the birth of the child	16
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him	56
6. The number of illegitimate children who have died during the year	6
7. Still-births	1

During the year under review 62 unmarried mothers, included in the total of 408 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £3 12s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefit from the Ministry of Social Security, which leaves her with 18/- per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms:—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).

Medical Officers should report on the whole field of their work, including the following subjects:—

- (1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.
- (2) Cleanliness and communicable diseases.
- (3) Immunisation procedures:—
 - (i) diphtheria immunisation;
 - (ii) whooping cough vaccination, etc.;
 - (iii) poliomyelitis vaccination.
- (4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.
- (5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
- (6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.
- (7) Exfoliative Cytology.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples:—

- (a) Observations on the premature baby.
- (b) the incidence of breast feeding.
- (c) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc., and their relation to children classified as "at risk".
- (d) The early detection of mental defects.

- (e) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
- (f) Problem families and evidence of child neglect.
- (g) Accidents at play and in the home.
- (h) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised".

Dr. Daniels:

"As I have only been in this Service since November 1st, 1968, it will be realized that this report cannot be very comprehensive.

1. The general level of health and nutrition of the children is high. The attendance of the mothers is very good except in a few instances.
2. There were two localities in my area where cleanliness could be improved, otherwise the children seem clean and well looked after, and no communicable disease has been seen.
3. The primary immunisation attendance is good, though there are fewer "boosters" given than would be expected. This may be due to overlapping with the School Health Service.
4. The role of Medical Officer and Health Visitor in Health Education is most important. The mothers have more time and feel free to discuss their individual needs and problems.
5. The ante-natal attendance is good, though most general practitioners have their own ante-natal clinics. Those who do attend the County Clinics are regular.
6. I do not feel experienced enough in my area to comment on the integration of clinic services with other aspects of the Health Service. I may add that there has never been any difficulty in getting appointments for those patients who need to be referred to the hospitals.
7. There is widespread awareness of the need for cervical smears. The attendance is satisfactory, the majority being those who have been sent for a routine repeat smear. Nevertheless, new ones do come in, often brought by their friends having repeat smears.

I would like to make a special comment on the incidence of anaemia in the ante-natal period.

The haemoglobin levels seen are between 70-80%. With my short experience I cannot say if this is a general state of affairs, but I have found lower ranges of haemoglobin in these clinics than in hospital ones. The women being well otherwise, are probably careless. This can only emphasise the fact that most women, especially the multipara do get some iron deficiency during pregnancy, and the routine use of oral iron is as important as the diet, during this period".

Dr. T. Morks:

"This report is based on a mere two months' work for the County Health Department and hence represents first impressions rather than profound experience.

I have been most impressed by the excellent staff of Health Visitors, Midwives and Mental Welfare Workers. They are keen and do everything in their power to make the populace "Health" rather than "Disease" conscious. They are tireless in their efforts of visiting, following-up, and even chasing defaulters. They encourage ante-natal attendance, post-natal attendance, lecture on mothercraft, infant and child care and appear to know almost every citizen plus family tree. They all like to see a closer liaison between the family doctors and the Local Authority Service, enjoy their attachments to practices and suggest ways of mutual aid. We have one instance of this desire for co-operation to report, i.e. that we have now a haemoglobin and serology clinic in Long Eaton, which is rather distant from a hospital laboratory, with the result that the practitioners experienced difficulties in persuading expectant mothers to travel 10 miles for haemoglobin estimations. There is little administrative work involved, as results can be entered in the co-operation cards. I think this service will prove very popular and will help to smooth any bristles of resentfulness of Local Authority Services.

Our babies and toddlers present generally a happy picture of well-being, although frequently rather too "starchy" well-being. I think that we could put more emphasis on "natural" feeding. Breast feeding is the exception and home-cooking threatens to become a thing of the past. The vast majority of our mothers tend to be of the opinion that the best for baby comes out of a tin and the wastage of food with early weaning is quite considerable. I hope to encourage the freshly cooked family dinner with its modifications for the infant and toddler. The family will get better value for money and benefit by disease resistance and a few pennies to spare.

The most prevalent illnesses are upper respiratory tract infections, notably the chronic "snuffles" and here again we can do much by impressing the importance of nasal hygiene.

The immunisation programme is subject to the latest Ministry recommendations, which delays the first dose of Triple Antigen and Polio to the age of 5 to 6 months. As the general custom up till now was the 3 months' start, one is faced with a certain amount of "finishing" the old and popularising the new schedule and it would be helpful if there were general adoption in the County Clinics, as mums are apt to compare notes.

The Cytology Clinics, after a short period of fall in numbers, are getting better attendances, partly due to the continued efforts of the Health Visitors, partly due to recent articles in the popular women's magazines. Many ante-natal clinics are now 100% Cytology Clinics, but in the areas where ante-natal clinics are required, those clinics are thriving and I have not had any defaulters.

A final word of praise to the staff of all my clinics—they are wonderful to work with."

NURSERY PROVISION FOR CHILDREN UNDER FIVE DAY NURSERIES

The Authority's three Day Nurseries at Glossop, Ilkeston and Long Eaton, continued to operate satisfactorily throughout the year. (The Chaddesden Day Nursery was transferred to Derby Borough on 1st April, 1968).

Student Training

During the year under review eight students from the County Day Nurseries completed a two-year course of training and all but one were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purpose. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from the Glossop Day Nursery attend a course of Further Education at Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Waverley College of Further Education in Nottingham.

Charges to Parents

The maximum charge to parents is £1 0s. 6d. per day, and the minimum charge 1/-d. per day. A reduction in the maximum charge may be made, having regard to the financial circumstances.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections

Each Nursery is visited once a month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the family doctor to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections

The periodical dental inspections were carried out in the course of the year and the majority of the children in attendance at the Nurseries found to be free of dental decay. Where decay was evident it was in the early stages and easily dealt with. In only an odd case or so, was it necessary to resort to extractions. These findings are quite consistent year after year and are what one would expect in these young children.

In an endeavour to maintain this degree of dental fitness as the children grow older, use was made of the excellent literature available on dental care for the information and guidance of the parents.

Protection of Children against Tuberculosis.

The staffs of Day Nurseries were subject to an x-ray examination of the chest before appointment and annually thereafter.

During the year the nursing and domestic staff at the Nurseries administered by the County Health Committee were x-rayed in groups by arrangement with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports

The following reports have been received from the Matrons of the Day Nurseries:—

Glossop Day Nursery

"Number of children on the register on 31st	
December, 1968	46
Number of children admitted during 1968 ..	67
Number of children who have attended during 1968	113
Average number of children on the register during	
1968	46.2
Average daily attendance—under two years ..	12.08
Average daily attendance—over two years ..	21.06

Attendances were low during the first four months of the year due to a run of infectious illnesses, but improved towards the late part of the year when more parents applied for places for their children.

Infectious Illnesses.

Whooping Cough—6 cases during January; rubella—11 cases occurred erratically during the months of January, February, March, May and July; scarletina—1 case in March; measles—11 cases during April and May.

Priority cases which have been dealt with are:— 16 unmarried mothers; 9 parents separated; 1 parents divorced; 4 mothers in hospital; 3 parents ill at home; 2 Fathers detained during Her Majesty's pleasure; 4 children from disturbed homes; 3 retarded children (one now left and attending a special school)

Improvements: Part of the Nursery grounds was converted into a lawn, which in the summer months has been appreciated by the young age group of children that we cater for.

Staff Changes: Miss E. Bridge, Deputy Matron, retired in July after 15 years and 8 months service. Miss F. Fielding, who has worked in the Nursery as Warden since 22nd October, 1962 was appointed Deputy Matron on 19th August, 1968. Mrs. D. Bridge, who has worked as a Nursery Staff Nurse since 6th March, 1964, was

appointed Warden on 1st November, 1968. Two Staff Nursery Nurses left in July, one for family reasons and the other to take further employment as a Nursery Assistant in a Nursery School; their places were filled by Mrs. J. Booth, N.N.E.B., and Mrs. McGarvey, employed as a Nursery Assistant on a temporary basis on the 1st December, 1968.

One student passed her N.N.E.B. Examination in July, and left in October to take further employment as a Nursery Assistant in a Nursery School. Three new Nursery Students commenced nursery training on 2nd September.

The Cook left in January after working one year with us, and was replaced by Mrs. B. Campbell, the full time General Assistant.

The full time General Assistant's post was filled by Mrs. Chatterton who at that time was working as part-time General Assistant. The part time General Assistant post was filled by Mrs. Orgill on the 6th May. With all the staff changes, everyone now seems to have settled down and are happy. I have been most grateful with the help given with the running of the Nursery, and the children that we accommodate have been very happy with us.

It is a pleasure to take the Members of the County Health Committee round the Nursery when visits have been made. The staff and myself appreciate the interest shown.

The Assistant County Medical Officer of Health for Glossop continues to make her weekly visits to the Nursery, which the children enjoy."

Ilkeston Day Nursery

"Number of children on register on 31.12.68	..	63
Number of children admitted during 1968	..	52
Number of children discharged during 1968	..	40
Number of children who have attended during 1968	.. .. .	100
Average number of children on the register during 1968	.. .. .	56.6
Average daily attendance—under two years	..	16.3
Average daily attendance—over two years	..	28.3

Average number of attendances during 1968 dropped slightly, this no doubt due to increased fees.

I have received enquiries from parents who simply will not accept fees of up to £1 and over. Therefore I am assuming these children are being cared for by other people, either by relatives or neighbours. No doubt as with other fee increases they will eventually be accepted as the 'norm', and attendances will once again pick up.

Infections during 1968:— We had 5 Scarlatina; 2 German Measles; 2 Mumps. A small number of children have been absent due to a reaction from measles vaccination.

Respiratory infections account for the majority of children being away from the nursery, when either they or their mother has been ill.

Two children continue to attend whose parents live in Nottinghamshire, under the reciprocal arrangements of the two Counties.

During the year we received some very welcome additions to our indoor toys. On the domestic front—Cook has received some new kitchen utensils, and as an aid to cleaning, some additional fitments to the Columbus-Dixon Polisher. These things we have found most useful.

Staff Changes: Five students sat their N.N.E.B. examination, and 4 have been successful.

One of my Nursery Nurses left to have an addition to her family. The vacancy has now been filled.

The Museum Service has continued to supply us with periodic changes of pictures. Also we have had some interesting exhibits such as Model Dolls dressed in national costumes, a Model Engine, and one or two Animal Ceramics.

It is encouraging to receive visits from members of the County Health Committee, and we do appreciate their efforts on our behalf. I know at times it must be difficult for all concerned, in trying to provide for the needs of the nursery on a limited budget.

Again my personal thanks for the privilege of being allowed to attend the Council Meetings of the National Association of Nursery Matrons.

My thanks too, to my own nursery staff for their co-operation in helping parents of the Ilkeston Area."

Long Eaton Day Nursery

"Number of children on the register on 31st	
December, 1968	54
Number of children admitted during 1968 ..	44
Number of children who have attended during	
1968	90
Number of children on the register during 1968	54
Average daily attendance—under two years ..	10·7
Average daily attendance—over two years ..	29·4

The children have attended very well all through the year, with the exception of holiday times, when the schools were closed, or parents were on holiday.

Most of the children admitted during the year have been priority cases. Some of these have been brought to my notice by a Family Doctor, Child Care Officer, or Health Visitor.

Infectious diseases recorded were: one case of measles, three rubella, one mumps, and one chicken-pox.

Miss M. Baddily, Public Health Nursing Officer to the Department of Health and Social Security, and Mrs. B. Brook, H.M.I. of the Department of Education and Science, visited our Nursery on the 12th September. Miss Maguire, Public Health Nursing Officer and

a member of the N.N.E.B., and particularly concerned with Day Nurseries, also visited us on the 30th September.

Two students passed the N.N.E.B. Examination held in July. They have obtained appointments as nursery nurses outside the County. Three new students were appointed and commenced duties on September 1st.

County Health Committee Members continued to visit us at intervals throughout the year. These visitors are always very welcome.

The record player and records provided for the children in October have been very much appreciated. The children never cease to enjoy their favourite records, and it is a wonderful help in keeping them entertained during wet and cold weather.

All the staff continue to work very well, which helps with the smooth running of the Nursery, and the happiness and well-being of the children."

Reciprocal arrangements with other Authorities

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice-versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice-versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year two Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child was attending a Derbyshire Day Nursery.

Children living near to the northern border of Derbyshire may attend Sheffield & Cheshire Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. At the end of the year 2 Derbyshire parents were taking advantage of this arrangement.

At the end of the year, seven children from the County Council's area were attending Derby Borough Day Nurseries.

Conference

The National Association of Nursery Matrons held its Annual Conference at Brighton on 16th and 17th March, 1968, and the Matron of the Glossop Day Nursery was allowed to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the

whole of the Administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer of Health is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think at present that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	<i>Number of Midwives on the Staff at the end of</i>							
	1961	1962	1963	1964	1965	1966	1967	1968
County Midwives	78	82	80	84	92	84	85	77
Home Nurse Midwives . .	26	25	21	14	14	13	8	7

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report, all 77 midwives and all the seven Home Nurse-Midwives are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one

Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of ten days during the lying-in period.

At the end of 1968 there were 176 Midwives on the County Roll; 92 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; seventy-seven were County Council Midwives and seven were County Council Home Nurse/Midwives.

The Hon. Secretary of the Derbyshire Local Medical Committee wrote the following letter to me on the 7th October, 1966:—

“At the Local Medical Committee meeting yesterday we discussed, inter-alia, the relationship between midwives and general practice. It was suggested that midwives might attend at the family doctors own ante-natal sessions. This would be of great assistance to general practitioner obstetricians, and the Committee would welcome the Health Committee’s approval of this arrangement”.

This was placed before the County Health Committee on the 31st October, 1966, when the Committee passed the following Minute:—

“9252. *Midwifery Service—Relationship between Midwives and General Medical Practitioners.* The County Medical Officer of Health reported correspondence received from (i) the Secretary of the Derbyshire Local Medical Committee, and (ii) a General Medical Practitioner in Killamarsh, requesting the County Council to give consideration to the question of the attendance of Domiciliary Midwives at the Family Doctors’ own ante-natal sessions. The observations of the Supervisors of Midwives were submitted, which indicated that this arrangement was, at the present time, being carried out successfully in certain areas. It was Resolved to agree to the attendance of Domiciliary Midwives at General Medical Practitioners’ ante-natal sessions where this is practicable, and providing it is not detrimental to the services that the County Council is required to provide”.

Uniform

All midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics

The following are certain figures relating to the Midwifery Service during 1968:—

Number of cases attended by Midwives employed by the Authority:—

(i) as Midwives	2,851
(ii) as Midwives attending institution discharges before the tenth day	5,052

Number of cases in which a Midwife administered:—

(i) nitrous oxide and oxygen	394
(ii) Pethidine	1,817
(iii) Trilene	1,963

Inhalational Analgesia

The number of Midwives in practice in the County at the end of the year who were qualified to administer gas-and-oxygen analgesia in accordance with the requirements of the Central Midwives Board, was as follows:—

Domiciliary Midwives	84
Employed in Homes and Hospitals in the National Health Service	90
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases in which nitrous oxide and oxygen was administered by Midwives in domiciliary practice during the year 1968 was 394.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:—

“The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid”.

In all cases where nitrous oxide and oxygen analgesia is administered by a Midwife in domiciliary practice, a “second person” must be present who is acceptable to the patient as well as to the Midwife.

Following the publication of a paper on “The Hazards of Gas and Air in Obstetrics” in “Anaesthesia”, the Central Midwives Board in 1963 reviewed their policy with regard to the administration of inhalational analgesics by midwives, with particular reference to the possible approval of nitrous oxide and oxygen apparatuses for use by midwives on their own responsibility to replace the nitrous

oxide and air machines then in general use. The Medical Research Council recommended that a mixture of 50% nitrous oxide and 50% oxygen was safe for use as an analgesic by unsupervised midwives. In May, 1965, the Central Midwives Board gave particulars of a prototype apparatus produced by the British Oxygen Co. under the name of "Entonox" which delivered a constant mixture of 50% nitrous oxide and 50% oxygen. This machine had been subjected to field trials and the Central Midwives Board gave approval for its use by midwives on their own responsibility provided they have received the appropriate instruction.

Entonox machines were issued to all the County Council's Midwives and Home Nurse/Midwives during 1966 in place of gas-and-air machines.

The late Sir Arnold Walker, F.R.C.S., F.R.C.O.G., when Chairman of the Central Midwives Board, is reported in *The Medical Officer* to have stated, when he delivered the third Dame Juliet Rhys Williams Memorial Lecture at the Royal College of Surgeons, on 18th May, 1967: "Gas and air, regarded for many years as completely safe, was now considered potentially dangerous to the unborn child, and he hoped it would soon be replaced by premixed gas and oxygen".

Pethidine

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950 authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered during 1968 was 1,817.

Trichloroethylene B.P. (Trilene)

All Midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers as an alternative method of inhalational analgesia to Gas and Oxygen. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Oxygen Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 1,963.

Refresher Courses

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives

Arrangements have been made with the Sheffield Regional Hospital Board for the training of pupil midwives in the Chesterfield area. These provide for the Board paying the pupil midwives' salaries as well (if necessary) as a weekly sum to the midwife for providing board and lodging for each pupil, while the County Council pays £30 per annum to the Midwifery Teacher.

The Royal College of Midwives — Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1968, might prove of interest.

"Introduction

1. The College believes that the maternity service should be regarded as one service, and that the hospital and domiciliary aspects of it should be closely integrated.
2. The domiciliary midwifery service forms an essential part of the maternity service in spite of the increasing trend towards hospital confinement. The number of home confinements may diminish even further with the opening of new maternity units, but some women will prefer to have their babies at home and can safely do so. A proportion of antenatal care for mothers booked for hospital confinement is carried out by general-practitioner obstetricians and domiciliary midwives who are also looking after an ever-increasing number of women discharged early from hospital for postnatal care.
3. Integration of the hospital and domiciliary midwifery services is essential if the best interests of the mothers and babies are to be served. At local level it can be achieved by informal meetings between the staff in both services, by co-operation in planning early discharge schemes, and by arrangements for domiciliary midwives to deliver their patients in hospital. The Health Services and Public Health Bill should facilitate this, provided satisfactory terms and conditions of employment are agreed.
4. It is the policy of the Ministries in the United Kingdom that Maternity Liaison Committees should be formed in every area. They should be representative of all those concerned with the maternity service, including hospital and domiciliary midwives, and should meet at regular intervals to formulate policy. The College is aware that in many places these committees have never been appointed, or if appointed, have met only at rare intervals.
5. At national level, the Standing Advisory Committees dealing with midwifery have an important part to play, and should meet frequently. The College welcomes the appointment at the Ministry of Health of a Midwifery Officer who in future will be responsible for both the hospital and domiciliary aspects of the service.
6. While the tripartite administration of the health service remains, the College does not regard unification of the maternity service under one or other of the three bodies as a practical possibility. If, in the future, Area Health Boards are established there would be an opportunity to create a Maternity Service Committee, which would be the employing Authority for all midwives wherever they were working. In the meantime everything possible must be done to integrate the three parts of the service as closely as possible.

The Midwife

7. The maternity service must be adequately staffed by well trained midwives, and in order that their skills may be employed to the best advantage they must be supported by auxiliary and clerical staff.

8. The function of the midwife extends throughout pregnancy, labour and the postnatal period. All aspects of her work are essential to the health of the mother and baby, and all the services she gives are of equal importance.

9. The value of the midwife's role in caring for women during labour has never been questioned, and it is proved by the fact that in 75% of all cases she is the senior person present at the delivery. It is equally important that she should take her full share of responsibility for antenatal care, working in close co-operation with the doctor. In the early postnatal period both mother and baby need the daily care of a midwife and later she should visit as long as her services are required. She is the only member of the nursing team who has the knowledge and experience necessary for the proper supervision of their health at this vitally important period of their lives.

The Maternity Service

Antenatal Care

10. Wherever the mother receives her antenatal care the midwife must play her full part, bearing in mind the special contribution she has to make to the mother's physical and psychological well-being.

11. Selection of cases for consultant or general-practitioner unit, or for home confinement should take place early in pregnancy. Preferably this should be done at an 'assessment clinic' situated at the local hospital or health centre.

Antenatal Teaching in Preparation for Childbirth and Parenthood

12. There is an increasing demand among expectant mothers and fathers for teaching in preparation for childbirth and parenthood. The College is convinced that this teaching must be available to all mothers and should be given by professionally qualified people, namely midwives, physiotherapists and health visitors. Women who have attended a course in antenatal teaching (which is mainly theoretical in content) and have had babies themselves are inadequately equipped to undertake this work on the basis of this experience alone; they are not in a position to answer many of the questions that expectant mothers ask, nor can they be with the mothers during labour. It is therefore essential that there should be enough midwives willing and able to undertake this teaching, and the support of employing Authorities is necessary in order that they may attend special courses and be given the time and facilities to put into practice what they have learned. Some midwives have a special aptitude for this work, but all should understand the methods of preparation for labour which are taught, so that they can co-operate fully with the mothers.

Labour

13. Confinement in a consultant unit must be planned for those women with adverse medical or obstetric conditions.

14. Other women who desire hospital delivery and those with adverse social conditions may be accommodated in general-practitioner units closely associated with consultant obstetric units.

15. For those women who wish to be confined at home the domiciliary service must be maintained at the highest possible level of efficiency.

16. Wherever the confinement takes place, personal care and attention from a midwife throughout labour is one of the basic needs of women. Medical care from the general-practitioner obstetrician, and from a consultant if necessary, must be readily available in all cases.

Postnatal Care

17. In some areas early discharge schemes form part of the maternity service. These must be properly planned to ensure continuity of care by midwives and the women should be provisionally selected during pregnancy for early discharge. It is important that they should be transferred

to the care of the domiciliary midwifery service which is always available, as this will ensure that the midwife will visit. The services of a midwife may be required beyond the statutory minimum period of ten days following confinement, and there should be flexibility as to the day when the midwife hands over to the health visitor.

18. The importance of proper domestic help for all women delivered at home or discharged early from hospital cannot be over-emphasised. The College welcomes the clause in the Health Services and Public Health Bill which makes it a duty of local Health Authorities to provide a home help service.

Midwifery Training

19. The College has for several years urged the Statutory bodies concerned to establish a national educational standard for entry to midwifery training which should not be less than that required for the State Registered Nurse. We realise that individual training schools can apply their own educational tests, but nevertheless a national standard is essential to enhance the status of midwifery as a profession.

20. The College believes that eventually there should be one integrated period of midwifery training and that the division into two separate periods should cease. It is the view of the College that domiciliary experience is an essential part of basic midwifery training, since all midwives, wherever they may work, should have a sound knowledge of community care. Furthermore, the insight into midwifery practice gained by student midwives during this part of their training has a beneficial effect on recruitment to the profession.

21. In view of the need to reduce the perinatal mortality rate, and for expert help and advice on the care of the newborn to be available to all mothers, greater emphasis should be placed on neonatal care during midwifery training.

22. If the demand for teaching in preparation for childbirth and parenthood is to be fully met, all student midwives should be taught the methods of teaching this subject and be given practical experience in teaching groups of expectant mothers.

23. The syllabus of training for student midwives includes the 'emotional needs of women during pregnancy, labour and the puerperium'. The College believes that this subject does not yet receive sufficient attention, and that all student midwives should have definite instruction in it.

Midwife Teachers Diploma

24. The College is convinced that there should be a high educational standard required for entry to a course in preparation for the Diploma. A minimum of five 'O' levels in the GCE examination or the equivalent is the least that should be required.

Staffing the Service

Salaries and Conditions of Service

25. A first-class maternity service depends on the availability of sufficient well trained midwives to staff it. Good conditions of service are as important as salaries in attracting women into the midwifery profession. Midwives must be provided with up-to-date equipment and car transport where necessary, and arrangements for off-duty and night duty rotas must be made as attractive as possible.

Promotion Prospects

26. It is essential to have midwives with managerial and teaching ability in both the hospital and domiciliary services, and in order to encourage them to remain in the profession, promotion prospects must be made attractive.

27. These depend to a large extent upon the nursing staff structure or hierarchy which is adopted in each service. While the tripartite administration of the National Health Service exists the Hospital and Local Authority services must be considered separately.

The Hospital Service

28. The College agrees with the recommendations of the Salmon Committee that Chief Nursing Officers should be appointed, as the creation of this new post will give the nursing profession a voice in Top Management. It has also welcomed the recommendation that there should be a Principal Nursing Officer No. 9 in control of a Midwifery Division of at least 100 maternity beds.

29. Promotion to Chief Nursing Officer No. 10 may be through any of the Divisions, and the College accepts the principle laid down by the Salmon Committee 'that general and psychiatric nurses, teachers and midwives should undergo the same managerial education, and together, for all should have the same opportunity to demonstrate their eligibility for the most senior posts where managerial ability and not nursing is the important criterion'.

30. Training in Management should be a continuing educational process starting during general, psychiatric or midwifery training. Courses in Management at the First-line or Middle levels afford excellent opportunities for midwives and nurses, male and female, from all fields, to work together. At present, because the Salmon Committee's recommendations refer only to the hospital field, these courses are attended almost entirely by hospital staff. But the principles of management are the same in any field and with the need to integrate the hospitals much more closely with the community health services the College would urge that nursing and midwifery staff from the Local Health Authorities should be given every opportunity to attend Management Courses with their hospital colleagues.

The Local Health Authority Service

31. At present County Councils, County Borough Councils, and Boroughs which have 'delegated powers' are Local Supervising Authorities. They have statutory responsibility for the supervision of the midwifery service according to Section 17 of the Midwives Act 1951, which means they have responsibility for all midwives in the area, wherever they may be working. Both medical and non-medical supervisors must conform to the Statutory Regulations for those holding these posts. The non-medical supervisor must be an experienced midwife since she holds an important position in the maternity service as a whole; not only is she responsible for the efficiency of the domiciliary service, but she acts as liaison officer with the hospital service. In this capacity she must be able to speak with authority at Maternity Liaison Committees.

32. If a more senior officer with special managerial ability, but without extensive midwifery experience is appointed to co-ordinate the Local Authority nursing and midwifery services, the College believes that the non-medical supervisor must continue to be directly responsible to the Medical Officer of Health for the supervision of the midwifery service.

33. Future plans for the integration of the hospital and domiciliary maternity services, and the proposed changes in the training of student midwives may make it necessary to revise the qualifications of supervisors of midwives. It may well be appropriate that the supervisor of the future should have had experience in both the hospital and the domiciliary fields and should hold a higher professional qualification".

HEALTH VISITING**(Section 24)**

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County

Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties in this County include school nursing, attendance at ante-natal, relaxation, mothercraft, cytology, infant and child health, tuberculosis, immunisation and vaccination clinics, T.B. visiting, care of the aged, the sub-normal and handicapped child, hearing assessments, and home visits to children up to the age of 5 years. Lectures are given on home nursing and child care, talks and films to Women's Institutes, Young Wives' Groups, Young People's Clubs and Parentcraft classes. Some of these classes are held for young people taking the Duke of Edinburgh Award. The school children are shown films and given talks on personal hygiene, junior mothercraft, home nursing and general health education.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

In order to enable Health Visitors and School Nurses to make the best use of their time, especially as there is a shortage of Health Visitors, the Authority agreed to grant travelling allowances to all Health Visitors and School Nurses for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to those wishing to obtain loans for this purpose. At the end of the year under review seventy three Health Visitors out of a total of seventy six, and all the three School Nurses were using motor cars.

During 1968 thirteen Health Visitors were appointed, including eight Student Health Visitors, who were sponsored by the County Council under the scheme for the training of Health Visitors, which is described below, and who qualified during the year under review. Four Health Visitors retired and four resigned.

In-Service Training of Health Visitors

Interest in In-Service training was maintained. Fifty-two Health Visitors employed by the County Council have completed the Hearing Assessment Course arranged by the Department of Audiology at the Manchester University, of whom 12 attended during 1968.

Two Health Visitors attended the 13-weeks course for District Nurses and were awarded the National Certificate in District Nursing.

Training of Health Visitors

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses who hold at least the first certificate under the Central Midwives

Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training. In all, fifty-four Health Visitors have trained under the scheme since 1949. Seven Health Visitors commenced training in the year under review.

In some instances Student Health Visitors are employed as Temporary School Nurses during the year prior to commencing their training. This has a two-fold advantage: (a) It has proved to be an asset to the Student as she is given an insight into the work of the Health Visitor; (b) it also helps to cover the school work in vacant areas.

STATISTICS RELATING TO MATERNAL AND CHILD HEALTH

Statistics regarding the Authority's Maternal and Child Health Services are submitted annually to the Department of Health and Social Security, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 79 and 80, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD HEALTH

1. Ante-Natal Clinics—

Number of sessions	..	..	..	..	983
New Cases	..	..	..	..	1,043
Ante-Natal attendances	..	..	..	..	4,613
Post-Natal attendances	..	..	..	..	76

2. Visits to Homes—

Number of children under five years of age visited during year	..	..	..	..	..	42,834
Children under one year of age—						
Cases visited	..	..	..	..	..	11,009

Children age one year and under two years—							
Cases Visited	..	..	..	..	..	..	10,175
Children age two but under five years—							
Cases visited	..	..	..	..	..	..	21,650
Tuberculosis Households—							
Cases visited	..	..	..	..	..	..	345
Other cases visited	..	..	..	..	..	..	9,614
3. Child Health Centres—							
Number of sessions	..	..	..	..	..	..	4,573
Number of children who attended during the year and who were born in—							
1968	..	..	..	..	..	..	8,148
1967	..	..	..	..	..	..	8,823
1966-63	..	..	..	..	..	..	6,872
Total number of children who attended during the year							23,843
Total attendances during the year	..	..	..	..	..	..	186,737

NUMBER OF NOTIFIED BIRTHS :

	1963	1964	1965	1966	1967	1968
Live Births	14,042	14,366	14,444	14,267	11,611	11,956
Still Births	226	244	226	238	213	155
Total Births	14,268	14,610	14,670	14,505	11,824	12,111

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended:

as Midwives	5,028	4,781	4,188	3,980	3,332	2,851
as Midwives attending institution discharges before tenth day	..	..	..	..	..	5,052

Midwives in private practice—Number of cases attended as Midwives

Total

Domiciliary Cases—Grand Total	..	..	..	..	..	..
	5,028	4,781	4,188	3,980	3,332	2,851

	1963	1964	1965	1966	1967	1968
Number of Domiciliary Cases attended as a percentage of all notified births	35.24	32.69	28.54	27.44	28.17	23.54

ANALGESIA

Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	4,291	4,101	3,553	3,344	2,936	2,357
Number of cases of Analgesia as a percentage of domiciliary births	85.34	85.77	84.83	84.00	88.11	82.67

ANTE-NATAL CLINICS

Number of L.H.A. Clinics	25	25	23	23	19	19
Number of new cases attending during the year	1,962	2,043	2,073	1,857	1,516	1,043
Number of new ante-natal cases as a percentage of all notified births	13.75	13.98	14.13	12.8	12.82	8.61

POST-NATAL CLINICS:

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	279	213	179	111	65	76
Number of new post-natal cases as a percentage of all notified births	1.95	1.46	1.22	.76	.54	.63

CHILD HEALTH CENTRES :

Number of L.H.A. Centres	107	110	110	110	105	101
Number of Voluntary Centres	3	2	2	2	2	2
Number of children who first attended a Child Health Centre during the year (under one year)	7,663	9,818	10,106	10,055	9,555	8,148
Number of first attendances of children under one year of age at Centres as a percentage of notified live births	54.57	67.2	69.96	70.47	80.81	67.28

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for twenty years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care-and-After-Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since 1963:—

	1963	1964	1965	1966	1967	1968
Full-time—						
Home Nurse-Midwives ..	21	14	14	13	8	7
Home Nurses	128	133	136	137	138	127
Total	149	147	150	150	146	134
Part-time	—	—	—	1	—	1
TOTAL full-time and part-time ..	149	147	150	151	146	135

During 1968 the nurses attended 9,743 patients and the number of visits paid was 360,802; 55.09% of the patients attended were over sixty-five years of age at the time of the first visit, and 2.57% were under five years of age.

The County Council has realized the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 131 out of 135 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

ATTACHMENT OR LIAISON SCHEMES BETWEEN FAMILY DOCTORS, AND HEALTH VISITORS, HOME NURSES AND DOMICILIARY MIDWIVES

I referred on pages 83 and 84 of my Annual Report for 1967 to meetings that I had with the Health Visitors, Home Nurses and Domiciliary Midwives concerning this matter.

Subject to the obligations of the County Council to provide statutory and other services, the County Health Committee are in favour of complete attachment of Home Nurses and, where possible, partial attachment of Health Visitors and Midwives to General Medical Practitioners.

During 1968, arrangements were made for the attachment of 7 Health Visitors to Family Doctors. However, developments have taken place since the end of that year, and at the time of writing. 34 Health Visitors and 5 Home Nurses are "attached" to Family Doctors, and "liaison" schemes have been arranged in respect of 5 Home Nurses. It is anticipated that further development will take place along these lines.

VACCINATION AND IMMUNISATION (Section 26)

During the year under review, the Authority's services provided immunisation facilities against diphtheria, measles, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are available at all the County Council's Clinics, or if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education programme is considered. Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

Tetanus. The subject of immunisation against tetanus has become increasingly important on account of the frequency of road accidents in which infection by this organism may be an important factor. The subject was dealt with at some length in my annual reports for 1964 and 1966.

If everybody had received a primary course of immunisation against tetanus which had been maintained by subsequent injections at suitable intervals, then all that would be necessary in the case of serious injury where tetanus was feared would be a further dose of tetanus toxoid with, of course, the usual surgical treatment of the injured area.

Measles. In March, 1968, the Ministry of Health issued Circular 9/68 which authorised local health authorities, to arrange for vaccination against measles, commencing in May, 1968. It was recommended that vaccination be offered to all children up to and including the age of 15 years, who were susceptible to an attack of measles because they had neither been immunised nor had natural measles. However, as the vaccine available was not sufficient to meet all possible demands, for the first three months of the scheme, it was made available only to susceptible children who were between their fourth and seventh birthdays and to susceptible children attending day nurseries and nursery schools or living in residential establishments who were between their first and seventh birthdays. In the 8 months, May to December, 1968, 7,006 children received primary vaccination against measles.

Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis and Measles

The following is a copy of the return submitted to the Department of Health and Social Security:—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

TABLE 1—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
1. Quadruple DTPP ..	1	—	—	—	—	—	1
2. Triple DTP	2,934	4,978	409	133	257	50	8,761
3. Diphtheria/Pertussis ..	1	—	—	—	—	1	2
4. Diphtheria/Tetanus ..	33	128	20	26	251	118	576
5. Diphtheria	—	3	—	—	3	4	10
6. Pertussis	—	1	1	—	—	—	2
7. Tetanus	4	14	7	9	73	639	746
8. Salk	—	—	—	—	—	—	—
9. Sabin	2,187	6,079	811	264	638	204	10,183
10. Measles	63	925	992	926	3,861	239	7,006
11. Lines 1+2+3+4+5 (Diphtheria)	2,969	5,109	429	159	511	173	9,350
12. Lines 1+2+3+6 (Whooping Cough) ..	2,936	4,979	410	133	257	51	8,766
13. Lines 1+2+4+7 (Tetanus)	2,972	5,120	436	168	581	807	10,084
14. Lines 1+8+9 (Polio) ..	2,188	6,079	811	264	638	204	10,184

TABLE 2—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
1. Quadruple DTPP ..	—	—	—	—	1	—	1
2. Triple DTP	40	916	2,316	519	2,550	332	6,673
3. Diphtheria/Pertussis ..	—	1	3	2	19	1	26
4. Diphtheria/Tetanus ..	6	114	331	121	3,551	676	4,799
5. Diphtheria	—	2	2	1	26	6	37
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	1	6	11	20	88	407	533
8. Salk	—	—	—	—	—	—	—
9. Sabin	38	361	987	355	6,111	655	8,507
10. Measles	1	39	39	34	95	3	211
11. Lines 1+2+3+4+5 (Diphtheria)	46	1,033	2,652	643	6,147	1,015	11,536
12. Lines 1+2+3+6 (Whooping Cough) ..	40	917	2,319	521	2,570	333	6,700
13. Lines 1+2+4+7 (Tetanus)	47	1,036	2,658	662	6,193	1,434	12,030
14. Lines 1+8+9 (Polio) ..	38	376	1,021	365	6,766	699	9,285

The Department of Health and Social Security have provided following table which shows the percentages vaccinated or immunised in this County, as compared with England and Wales:—

	<i>Children born in 1967</i>			<i>Smallpox (Children under 2)</i> (4)
	<i>Whooping Cough (1)</i>	<i>Diphtheria (2)</i>	<i>Poliomyelitis (3)</i>	
England and Wales	76	78	74	38
Local Authority ..	70	72	69	14

The figures in columns (1)-(3) are calculated to show the percentage of children born in 1967 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1968 and were under 2 years old at the time, and is calculated as a percentage of children born during 1967. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.”

Smallpox

The following table is given in the form in which it is sent to the Ministry of Health and shows the number of persons under the age of 16 who have been vaccinated against smallpox during 1968:—

<i>Age at date of vaccination</i>	<i>Number vaccinated</i>	<i>Number re-vaccinated</i>
0-3 months	41	—
3-6 months	35	—
6-9 months	43	—
9-12 months	100	—
1 year	1,523	15
2-4 years	1,810	24
5-15 years	691	328
TOTAL ..	4,243	367

No case of smallpox occurred in the County during 1968.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis

In my report for 1961, I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and second the routine vaccination of

school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

	<i>Contact Scheme</i>	<i>School Children and Students</i>
No. skin tested	730	5,270
No. found positive	112	868
No. found negative	562	4,307
No. vaccinated	351	4,300

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against Yellow Fever as a condition of entry. The County Council's Clinic at Cathedral Road, Derby, has been designated by the Department of Health and Social Security as one of the 47 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 359 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation

During the year the Administrative County was served by a wholly directly operated Service from:—

- (a) four Main Stations with radio control and one Sub-Station all of which were manned throughout the 24 hours; and
- (b) eight Sub-Stations manned from 8 a.m. to midnight daily.

In respect of the Stations manned for 16 hours daily, night cover was afforded by standby arrangements augmented by the Main Stations' resources, with the exception of Glossop where night cover was given by the Stalybridge Ambulance Station operated by the Cheshire County Council.

The extension to the London-Yorkshire Motorway (M.1) which passes through the north-east part of the County with access points at South Normanton, Heath and Barlborough means that an area forming an island between the new stretch of motorway and the eastern boundary of the County is without an Ambulance Station. In order that adequate Ambulance Service coverage can be given to meet the additional commitment of the Motorway, the County Council has agreed to the provision of a new Ambulance Station being established in that area.

As from the 1st April an area previously administered by the County Council, contiguous with Derby County Borough was transferred to that Authority under the Derby Order for their boundary extension. The Mickleover Ambulance Station, however, continued to control, by radio-telephony, Ambulance Service

vehicles in the South of the County and to provide primary ambulance cover for an area outside the boundary extension as well as supplementary cover to the Ashbourne, Swadlincote and Long Eaton areas.

Towards the end of the year discussions took place between the County Council and Derby County Borough with a view to instituting a system of mutual assistance. In this connection, as from the 1st January, 1969, certain agreed arrangements for mutual aid were implemented for a period of three months to assess their efficacy.

The Superintendents of the Main Stations continued to supervise the Day Stations within their own telephone area during the absence of the Day Station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(a) *Urgent Calls*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance". The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(b) *Non-urgent Calls*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method of calling an ambulance.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	Telephone Numbers		Address
	8 a.m. - midnight	midnight - 8 a.m.	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Ashbourne 3236		Park Avenue, Ashbourne.
Long Eaton	Long Eaton 5151		Briar Gate, Long Eaton.
Swadlincote	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote.
Main Station *RIPLEY	Ripley 2175	Ripley 2175	Ivy Grove, Ripley.
Sub-Stations Ilkeston	Ilkeston 3401		Manners Avenue, Ilkeston.
Matlock	Matlock 2291		Sherwood Road, Matlock.
Main Station *BUXTON	Buxton 2012	Buxton 2012	Park Road, Buxton.
Sub-Stations New Mills	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 2551		Baslow Road, Bakewell.
Glossop	Glossop 3101		Chapel Street, Glossop.
Main Station *CHESTERFIELD ..	At all times		Old Road, Ashgate, Chesterfield.
Sub Station **Eckington	Chesterfield 6282		Castle Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES : (a) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(b) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to midnight contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement.

During the year the Matlock Ambulance Station provided transport for the conveyance of patients to and from the Special Care Unit at Belper. Transport was similarly provided by the Mickleover Ambulance Station until 31st March, 1968.

As from the 1st March the County Welfare Department garaged a new vehicle for the transportation of the physically handicapped at the Matlock Ambulance Station, the Ambulance Service being responsible for its general maintenance and for providing the driver.

Conveyance of patients by Rail

The conveyance of patients by ambulance/rail/ambulance transport is now generally accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 102 compared with 129 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

During the year a communication was received from the County Councils' Association on the use of Ambulance/Rail/Ambulance transport which indicated that the British Railways Board would continue to reserve seats and where necessary compartments for patients travelling by train. It was pointed out, however, that the availability of compartmentalised coaches with removable windows would progressively dwindle with the result that the use of rail transport for those cases who could not be removed from a stretcher would eventually cease to be possible.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. As hitherto, the special equipment for dealing with cases of smallpox or suspected smallpox is held at each Main Station in the County.

In 1967, however, the Regional Liaison Committee of Local Health Authorities and the Sheffield Regional Hospital Board agreed that the transportation of all cases (or suspected cases) of Smallpox arising in the North of the Region be dealt with by the Sheffield Ambulance Service and in the South of the Region by the Leicestershire Ambulance Service.

During 1968 the Regional Liaison Committee of Local Health Authorities and the Manchester Regional Hospital Board made similar arrangements for such cases arising in the North West of the County to be conveyed by the Manchester Ambulance Service.

All ambulance personnel under the Conditions of Appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health, and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially:—

<i>Year</i>	<i>Smallpox Vaccinations</i>			
1964	126
1965	97
1966	159
1967	93
1968	143

Major Accidents

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country.

During the year, in conjunction with the other emergency services, meetings took place with the Staff of certain hospitals as well as those of the East Midlands Airport in connection with major accident procedure, and exercises were arranged.

Telecommunications

Provision was made in the estimates for the financial year 1967/68, to cover the purchase of additional equipment installed at Idle Hill in Cheshire and an ultra high frequency (UHF) link to the remotely controlled base station at the Cat and Fiddle, and then by a land line to the Ambulance control in Buxton in order to improve radio telephony communications in the north-west of the County. This work was completed during the early part of 1968 and has resulted in appreciable improvement in communications.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1968.

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	10
	<i>Bakewell</i> ..	5
	<i>Glossop</i> ..	5
	<i>New Mills</i> ..	5
Chesterfield . .	.. ..	14
	<i>Eckington</i> ..	12
Mickleover .. ..	.. ..	8
	<i>Ashbourne</i> ..	4
	<i>Long Eaton</i> ..	7
	<i>Swadlincote</i> ..	6
Ripley .. ..	.. ..	12
	<i>Ilkeston</i> ..	6
	<i>Matlock</i> ..	6
	Total ..	100

Equipment

During the year 18 additional Minuteman Resuscitators were purchased to permit of one 'Minuteman' being carried on each of the 2/4 stretcher type ambulances: this machine is for the administration of oxygen.

Civil Defence

The Civil Defence (Casualty Services) Regulation 1967, which came into operation on 1st September, 1967, required the County Council, inter-alia, to make plans for the extension of the Ambulance Service to deal with casualties resulting from hostile action.

A Home Office Circular, however, dated the 19th January, 1968 issued in conjunction with the Ministry of Health, suspended recruitment and training of the Ambulance Reserve and placed Home Defence on a "care and maintenance" basis.

Premises

The new Ambulance Station at Glossop was occupied as from 18th March, 1968 and comprises an administrative block and garage accommodation for seven vehicles, including one Welfare vehicle for the transportation of the physically handicapped. The Station is of traditional construction and materials.

Provision was made to build an additional stone hut at the Cat and Fiddle site to accommodate a stand-by generator to maintain our radio-telephony communications in the event of a power failure. Commissioning of the equipment was not completed by the end of 1968.

During the year, improvements to the Ripley Ambulance Station including extension of the control room were completed.

Personnel

(a) Safe Driving Awards

The following table shows the results of the 1968 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years:—

Year	Entered	Not Eligible	Disqualified	Diploma	5 Year Medal	Bar to 5 Year Medal	10 Year Medal	Bar to 10 Year Medal	15 Year Brooch	Bar to 15 Year Brooch	20 Year Brooch	Bar to 20 Year Brooch	25 Year Brooch	Bar to 25 Year Brooch	Exemptions
1963	222	6	41	77	15	41	6	19	4	1	1	1	—	—	10
1964	217	9	33	78	10	45	6	17	6	5	—	1	—	—	7
1965	202	6	31	64	14	41	9	18	1	9	—	1	—	—	8
1966	227	10	34	74	4	56	3	25	1	8	1	1	1	—	9
1967	242	5	26	108	5	43	9	23	4	10	—	1	—	1	7
1968	237	2	33	91	12	40	6	26	3	12	3	2	—	—	7

The total number of accidents in which Ambulance Service Vehicles were involved during the year was 157 compared with 148 for 1967.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial, is reported and investigated.

The high standard of finish of the modern ambulance bodywork may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

(b) Training

The use of Training Schools established by certain other Authorities was continued during 1968 when 6 members of the service attended Courses, each of which extended over a period of six weeks.

(c) Establishment

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1968:—

<i>Ambulance Station</i>	<i>Station Superintendents</i>	<i>Shift Leaders</i>	<i>Senior Drivers</i>	<i>Driver/Attendants</i>			<i>Total</i>
				<i>Rotary Shift Workers</i>	<i>Alternating Shift Workers</i>	<i>Day Workers</i>	
Ashbourne	1	—	1	—	8	—	10
Bakewell	1	—	1	—	9	—	11
Buxton	1	5	—	24	—	—	30
Chesterfield	1	5	—	24	—	7	37
Eckington	1	5	—	24	—	1	31
Glossop	1	—	1	—	9	—	11
Ilkeston	1	—	1	—	10	—	12
Long Eaton	1	—	1	—	10	—	12
Matlock	1	—	1	—	11	1	14
Mickleover	1	5	—	21	—	1	28
New Mills	1	—	1	—	9	—	11
Ripley	1	5	—	24	—	8	38
Swadlincote	1	—	1	—	10	—	12
TOTAL ..	13	25	8	117	76	18	257

Vehicles

During the year under review the following vehicles were ordered:—

- (a) Seven Bedford/Lomas Ambulances (2/4 stretcher type) on the J.1 chassis.
- (b) Four Bedford/Lomas Junior Dual Purpose Light Ambulances on the C.A.L. chassis.

The following vehicles were operational on 31st December, 1968:—

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>
Ashbourne	3	1
Bakewell	3	2
Buxton	6	4
Chesterfield	11	3
Eckington	7	5
Glossop	3	2
Ilkeston	4	2
Long Eaton	5	2
Matlock	3	3
Mickleover	5	3
New Mills	4	1
Ripley	8	4
Swadlincote	4	2
Totals ..	66	34

The following Table shows the average:

- (a) daily mileage travelled; (b) number of patients conveyed per day; and (c) mileage per patient; compared with similar figures for the corresponding months of the previous three years: N.B. Figures for the conveyance of mentally handicapped children to the Special Care Unit at Belper were included for the first time in the figures for November, 1965, so that statistics since that date are not strictly comparable with those that were prior. Similarly figures for the conveyance of patients by the Welfare vehicle were included for the first time in the figures for March, 1968, so that again statistics since that date are not strictly comparable with those that were prior.

Month	1965			1966			1967			1968		
	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patients	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient
January ..	5,358	727	7.3	5,446	747	7.3	5,744	808	7.1	5,796	850	6.8
February ..	5,501	782	7.0	5,688	783	7.2	5,856	821	7.1	5,690	855	6.7
March ..	5,826	824	7.1	5,875	816	7.2	5,699	794	7.2	5,614	822	6.8
April ..	5,184	719	7.2	5,375	731	7.3	5,472	769	7.1	5,398	755	7.2
May ..	5,331	753	7.1	5,571	775	7.2	5,751	818	7.0	5,615	834	6.7
June ..	5,452	750	7.3	5,770	814	7.1	5,898	823	7.2	5,060	706	7.2
July ..	5,308	742	7.2	5,525	734	7.5	5,547	759	7.3	5,602	789	7.1
August ..	5,108	686	7.4	5,188	692	7.5	5,322	725	7.3	5,311	722	7.4
September ..	5,550	755	7.3	5,651	778	7.3	5,650	822	6.9	5,191	688	7.5
October ..	5,361	731	7.3	5,397	756	7.1	5,670	820	6.9	5,610	799	7.0
November ..	5,690	815	7.0	5,805	837	6.9	5,907	885	6.7	5,554	796	7.0
December ..	5,408	744	7.3	5,264	713	7.4	5,185	728	7.1	4,967	679	7.3
Averages for the year ..	5,404	749	7.2	5,481	753	7.3	5,565	778	7.2	5,455	776	7.1

The following table shows the number of patients conveyed by Ambulance Stations and the mileage covered by Ambulances, Light Ambulances and Sitting Case Cars during 1968.

1968	Cars			Light Ambulances			Ambulances			Totals	
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases Mileage
Buxton ..	—	—	—	17	6,430	62,458	685	12,241	94,929	702	18,671 157,387
Chesterfield ..	—	—	—	9	11,673	70,156	925	42,579	193,743	934	54,252 263,899
Eckington ..	—	—	—	4	9,862	99,732	429	18,671	144,604	433	28,533 244,336
Mickleover ..	—	124	1,129	31	7,940	83,644	561	12,899	107,649	592	20,963 192,422
Ripley ..	—	—	—	8	11,239	103,117	657	26,389	234,235	665	37,628 337,352
Ashbourne ..	—	—	—	2	2,160	18,910	231	5,059	42,057	233	7,219 60,967
Bakewell ..	—	—	—	5	3,837	45,538	213	3,672	44,215	218	7,509 89,753
Glossop ..	—	—	—	16	5,614	31,753	322	6,981	34,346	338	12,595 66,099
Ilkeston ..	—	—	—	30	5,572	37,234	335	11,417	61,712	365	16,989 98,946
Long Eaton ..	—	—	—	12	5,231	39,597	250	14,523	79,850	262	19,754 119,447
Matlock ..	—	—	—	4	5,818	58,600	226	8,497	59,590	230	14,315 118,190
New Mills ..	—	—	—	4	1,996	16,143	216	11,409	65,957	220	13,405 82,100
Swadlincote ..	—	—	—	10	7,420	50,356	240	17,387	78,355	250	24,807 128,711
TOTALS ..	—	124	1,129	152	84,792	717,238	5,290	191,724	1,241,242	5,442	276,640 1,959,609

NOTE :— The above figures do not include the respective details for patients conveyed by the Mickleover and Matlock Ambulance Stations to and from the Special Care Unit at Belper.

The Mickleover Ambulance Station ceased conveying patients to the Special Care Unit at Belper on 31st March, 1968.

The following table shows the number of patients conveyed and the mileage covered monthly by Ambulances, Light Ambulances, and Sitting Case Cars during the year 1968.

1968	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emer- gency	Total Cases	Mileage	Acci- dent or Emer- gency	Total Cases	Mileage	Acci- dent or Emer- gency	Total Cases	Mileage	Acci- dent or Emer- gency	Total Cases	Mileage
January	—	124	1,129	12	7,130	58,148	393	18,687	117,691	405	25,941	176,968
February	—	—	—	12	7,429	59,525	359	17,024	103,345	371	24,453	162,870
March	—	—	—	20	7,832	62,378	388	16,875	107,434	408	24,707	169,812
April	—	—	—	12	6,841	57,316	439	15,267	102,302	451	22,108	159,618
May	—	—	—	10	7,837	64,768	427	17,262	105,857	437	25,099	170,625
June	—	—	—	9	6,703	58,123	472	13,982	91,000	481	20,685	149,123
July	—	—	—	10	7,587	66,817	428	16,187	103,695	438	23,774	170,512
August	—	—	—	15	7,138	62,180	509	14,924	101,144	524	22,062	163,324
September	—	—	—	18	5,952	52,788	486	14,052	99,279	504	20,004	152,067
October	—	—	—	14	7,036	61,054	472	17,000	108,666	486	24,036	169,720
November	—	—	—	12	7,252	61,845	413	15,968	101,647	425	23,220	163,492
December	—	—	—	8	6,055	52,296	504	14,496	99,182	512	20,551	151,478
TOTALS	—	124	1,129	152	84,792	717,238	5,290	191,724	1,241,242	5,442	276,640	1,959,609

NOTE :— The above figures do not include the respective details for patients conveyed by the Mickcleover and Matlock Ambulance Stations to and from the Special Care Unit at Belper.

The Mickcleover Ambulance Station ceased conveying patients to the Special Care Unit at Belper on 31st March, 1968.

PREVENTION OF ILLNESS — CARE AND AFTER CARE (Section 28)

The services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as hospital type bedsteads, sponge rubber mattresses and wheelchairs. In addition, the Council has, for a number of years, made a grant to the British Red Cross Society in consideration of the assistance provided through their medical loan scheme to Derbyshire residents.

Blindness and Partially-Sightedness

The welfare of the blind and partially-sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 332 forms of report were received in respect of new applicants for registration. Of this number 292 were registered as blind or partially sighted, and 40 were certified as not blind or partially sighted.

Cataract and Glaucoma

Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. The following Table indicates their incidence in various age groups during the past ten years:—

		Under 50	50-60	60-70	70—	Total
Cataract ..	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
	1965	2	5	16	93	116
	1966	2	4	7	52	65
	1967	1	2	6	68	77
	1968	2	6	18	80	106
Glaucoma..	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34
	1965	—	4	5	17	26
	1966	—	1	6	18	25
	1967	1	—	2	16	19
	1968	—	2	3	25	30

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
BUXTON Bath Road ..	Monday, Tuesday, Wednesday, Thursday, Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse
CHAPEL-EN-LE- FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt Mr. R. S. Withington
CHINLEY— Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. A. Roberts Mr. G. H. R. Holland
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.00 a.m. to 12.00 noon	Mr. J. B. Hewitt Mr. D. A. H. Laister
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. Alternate Thursdays— 9.30 a.m. to 12.30 p.m.	Mrs. C. I. Beattie
DRONFIELD The Grange ..	Monday— 9.30 a.m. to 12.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen
ECKINGTON Gosber Street ..	Friday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen Mr. J. B. Hewitt
GLOSSOP George Street	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	Mr. K. Horrox

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
HEANOR Wilmot Street ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
HOPE Edale Road ..	2nd and 4th Tuesdays— 9.45 a.m. to 12.45 p.m.	Mr. S. Fletcher
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m. 1st Four Wednesdays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mr. C. Ward
LONG EATON Midland Street ..	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mr. Q. J. Beattie Mr. C. Ward
MATLOCK Lime Grove Walk	Tuesday— 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Miss C. Wigston
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh
RIPLEY Derby Road ..	Monday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. Friday— 1.30 p.m. to 4.30 p.m.	Mr. C. A. Bewley Mr. H. White
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mr. J. B. Hewitt

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
STAVELEY— <i>contd.</i>	Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Monday— 1.30 p.m. to 4.30 p.m.	Mr. G. H. R. Holland
SHIREBROOK Cliffe House, Church Drive	Thursday— 2.00 p.m. to 5.00 p.m.	Mr. A. Ward
SWADLINCOTE Civic Centre, off Midland Road	Wednesday— 9.00 a.m. to 12 noon Friday— 9.00 a.m. to 12 noon	Mrs. M. K. Archer
TIDESWELL Commercial Road	1st Wednesday of the month 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher
WHALEY BRIDGE 16 Market Street ..	Monday— 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher
WIRKSWORTH Church Street ..	Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. D. Nolan

Exfoliative Cytology

This matter was dealt with at length in my Annual Report for 1966. I think it will be useful, however, to recall that I wrote to Health Visitors in charge of County Council Clinics in April, 1965 (and sent copies for information to the Council's Medical Staff and the Health Visitors who are not in charge of Clinics) intimating that the County Council had agreed that the following statement should be displayed at all County Council Clinics, and that Health Visitors should draw the attention of persons attending the Clinics to it:—

"EXFOLIATIVE CYTOLOGY

Commonly called Smear Tests for cancer of the neck of the womb.

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their medical staff collecting smears for cytological examination at certain County Council Clinics, and these facilities are now available at:—*

Alfreton	Glossop
Ashbourne	Heanor
Belper	Hope
Bolsover	Ilkeston
Buxton	Long Eaton
Chesterfield	Matlock
Clay Cross	Ripley
Clowne	Shirebrook
Derby (Cathedral Road)	Staveley
Dronfield	Swadlincote
Eckington	Wirksworth

*(This list has been amended to indicate the present arrangements).

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964."

During 1968, 3,047 cytology smears were taken at the County Council's Clinics (which included 473 taken at Clinics conducted by the Chesterfield Delegate Authority).

The overall figures for 1968 are lower than in previous years. In fact they dropped from last year's figure of 5,121 to 3,047. It must be remembered, however, that an increasing number of Family Doctors are offering this service to patients and of course the bulk of women in the age groups where cervical smears are recommended attended as soon as possible after the initial publicity and availability of facilities. Many of these women are now attending for a repeat smear after a lapse of three years, which is the recommended interval for a woman who had had a normal report initially.

Adaptations of homes to install Artificial Kidney Machines

At the beginning of 1967 a request was received for the County Council to contribute towards the cost of adaptations of a house in connection with the proposed installation of a renal dialysis unit. The authority agreed that, subject to the approval of the Minister of Health being obtained to an arrangement under Section 28 (1) of the National Health Service Act, 1946, approval be given to a contribution of 50% towards the cost of any necessary adaptations to the house. The Minister gave approval to "the Council's making arrangements under Section 28 of the National Health Service Act, 1946, to defray, or contribute towards any expenses incurred by, or for the benefit of, persons suffering from such illness (other than by payment direct to such persons) in carrying out any works or adaptations in their homes, or the provision of any additional facilities, required for the purpose of installation of renal dialysis equipment".

However, on 4th January, 1968 the Ministry of Health issued Circular 2/68 in which reference was made to the gradually increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. It pointed out that "The treatment involves new and difficult techniques and, whether it is undertaken in hospital or in the home, it has to be based on hospitals with full supporting facilities". The Circular indicated that in order to remove the necessity for individual application and approval in each case, "the Minister has now decided to issue a general approval . . . Accordingly he hereby approves the making of arrangements by your Council for the adaptation of any dwelling or the provision of any additional

facilities which may be necessary for installing equipment for intermittent haemodialysis for the use of a person suffering from illness. The Minister approves also the making by the Council of such charges (if any) for this service as the Council considers reasonable having regard to the means of any such person”.

Mass Radiography

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following three Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board:

Nottingham Area No. 2 Unit, based on Nottingham.

Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board:

Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January, 1959, the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being Officers of the Boards. Nevertheless, in most instances the County Council pays a proportion of their salaries in respect of the Care and After-Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:—

1962	..	3,900
1963	..	6,200
1964	..	11,100
1965	..	21,384
1966	..	45,228
1967	..	68,580
1968	..	98,284

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and in the year under review 246 pairs of these pants and 86,080 interliners have been supplied to patients (compared with 130 pairs of pants and 41,280 interliners during 1967).

HEALTH EDUCATION

This year we have spent much of our financial resources on the consolidation of our visual aids, particularly the 16 mm sound film library. We now have over 230 films and the acquisition of further films is envisaged for 1969. Experience has shown that greater freedom and flexibility of Health Education programmes, both in clinics and schools, has followed our policy of providing copies of certain films for permanent retention at main clinics where the sound projectors are based. It is hoped to extend further this very successful policy during the coming year.

The following is a brief resume of some of our activities and work:—

Exhibitions and Displays. The Health Visitors continue to make good use of the posters and art materials readily available from the Office and many complimentary comments have been made, by various visitors to clinics, on the excellent pegboard displays and attractive presentation of Health Education propaganda.

Large exhibitions have been built by Mr. Bartle, the Assistant Health Education Officer, and have been displayed mainly in schools, public libraries, public buildings and at various field days, local carnivals and agricultural shows.

Posters and Leaflets. Numerous posters and leaflets covering a wide range of topics were issued to approximately 160 addresses on our mailing list during 1968.

The Assistant Health Education Officer prepared the following posters which were reproduced for us by a local firm of printers:— Good Morning, Good Night, Good Teeth; Sweets Lose, Apples Win; This was Caused by Sweets; Burn the Guy, Not Yourself.

Dental Health. The General Dental Council Dental Health Exhibition paid its annual visit to the County Show at Elvaston on the late Spring Bank Holiday. This year it was overwhelmingly supported by over 20,000 apples, provided by the Fruit Producers Council, and it was felt that no one visiting this year's Show could help identifying good dental health with apples! The Show's organisers now look on us as one of their 'regular' exhibitors and we have been allotted first class sites for the Caravan.

Displays of the posters from last year's Dental Health Poster Competition were exhibited at libraries and schools within the areas participating in the competition.

Smoking and Lung Cancer. Our usual policy of having available films, filmstrips, tape recordings, posters and leaflets has been followed. Schools, Youth organisations and the various voluntary groups have asked for these and for visits by the Senior Medical Officer for School Health, the Health Visitors, and the Assistant Health Education Officer.

In-Service Training. Our system of instruction by Mr. Bartle, particularly of newly appointed Health Visitors, in the simple maintenance and care of visual aid equipment has continued to prove its worth.

Mr. Bartle has continued the project of regular visits to the Home Help Training Centre to give talks on 'Safety in the Home' to the Home Helps attending courses. He has also continued his work at the School Meals Training Centre of showing films on 'Emergency Resuscitation' and giving practical demonstrations on the 'ambumanikin' to the Schools Meals staff attending courses.

Dr. Corrigan chaired a number of conventions including ones on 'Drugs and Drug Addiction' and 'Careers'. She also made visits to a number of Parent Teacher Association meetings when talks and film shows on child development were given.

The Assistant Health Education Officer made his rounds of the old people's clubs, giving short talks and showing some of our films. He also made visits to meetings of various other voluntary organisations, such as Church Groups, Townswomen's Guilds and Women's Institutes. In all he made 45 such visits to these various groups to give talks, show films and give demonstrations.

Home Safety. The bus poster campaign which has been with us for several years now was continued, and the Home Safety Committees have expressed their appreciation of this scheme. The Assistant Health Education Officer designed a new poster emphasising the need for fitting fireguards, and these posters were again provided, free of charge, to Home Safety Committees who made arrangements for their display with local bus companies.

At the Annual General Meeting of the North Midland Home Safety Group, Dr. Corrigan was elected Secretary for the ensuing year. This now means that the Group, which comprises representatives of Home Safety Committees from Nottinghamshire, Leicestershire, Lincolnshire and Rutland, as well as Derbyshire, has its administrative base at County Offices, Matlock. It is hoped to increase the number of committees in the Group and particularly in those areas of Derbyshire where no Home Safety Committee yet exists.

The following are reports on some of the activities of the various local Home Safety Committees during 1968:—

ALFRETON AND RIPLEY

Purchased 6,000 serviettes and distributed them to all schools in the areas and to old pensioners' associations.

ADVERTISEMENTS ON PUBLIC TRANSPORT. Both the orders with the Midland General Bus Co. and Trent Motor Traction Co. were renewed for one year and new posters have been obtained from the County Health Department and sent to the Companies for display.

FIREGUARDS. Alfreton and Ripley Councils were asked if they would like to set examples in their own Council houses by making fireguards standard fitments, particularly in old people's accommodation. Both Councils have purchased a number of fireguards and are able to sell them to the Council house tenants at a lower cost. Two hardware firms put on displays of fireguards.

SAFETY IN THE HOME POSTER COMPETITION. This was held in June: 410 posters were received from schools in both areas and 33 winners were selected. The prizes were presented at the Home Safety Week Exhibition organised by the Rotary Club of Ripley. At this Exhibition held in the Church Hall, Ripley, various stands were on show, e.g. safety rails on baths, 'carry-cot' stands, non-slip floors, etc. The winning posters were exhibited at the Exhibition. A very good response from the public.

Posters concerning Anorak Cords were distributed to schools for display; 200 Home Safety Puzzles were purchased and sent to all junior schools in both areas.

A circular was sent to all shops before Christmas asking if they would incorporate a home safety message in their Christmas window displays. Appropriate posters were sent to the various places and there was a very good response, especially where fireguards were concerned.

BLACKWELL

Campaigns

STOP ACCIDENTS TO THE ELDERLY. Distribution by the Committee and the County Council of propaganda material. PREVENTION OF DROWNING ACCIDENTS. Distribution of Water Safety Codes and questionnaire leaflets. CARE OF MEDICINES. Distribution of propaganda within the district and to chemists and certain doctors in the area. Representation to RoSPA for more publicity on sound radio

and television. FIREWORKS CAMPAIGN. (a) Extensive distribution of posters and leaflets on public notice boards and Salvage Trailers of Blackwell R.D.C. (b) Leaflets and Report obtained on terms and conditions of sale of fireworks. BURNS. Issue of posters and leaflets. Purchase and distribution of 1,000 Home Safety Serviettes.

Demonstrations

Fibre glass blankets and neo-attractor signs. Extensive use of neo-attractor signs in Shirebrook area relating to fireworks and home safety, with co-operation from Shirebrook Traders' Council.

BUXTON

A successful Home Safety Competition was organised jointly with Chapel-en-le-Frith Rural District Council Home Safety Committee, the administration of which was in the hands of the Secretary of the Buxton Home Safety Committee. There were 551 entries, 368 from Buxton and 183 from Chapel-en-le-Frith Rural District Council. A total of 2,592 attempts were submitted.

During November a successful Exhibition was staged in the Entrance Hall to the Public Library, the Electricity and Gas Boards, the Derbyshire Fire Service and local tradespeople co-operating in the displays.

During the year a quantity of publicity material was distributed, book marks to the Public Library, oil heater posters to ironmongers, "handle your fireworks safely" posters and leaflets to shops selling fireworks, paper table napkins displaying home safety slogans for use at children's Christmas parties.

Liaison was maintained throughout the year with the Buxton Cottage Hospital, the Secretary of which continued to supply information on home accidents treated at the Hospital.

CHAPEL-EN-LE-FRITH

Two small displays were arranged, one in the Chemist's window drawing attention to the dangers of tablets and medicines, and the other at the Hope Valley College for one week during October on all aspects of Home Safety. A neo-attractor sign was purchased.

A number of lectures and film shows were given during the year. Training in Home Safety was again given to uniformed organisations. One young lady was successfully trained for the Duke of Edinburgh Award at Silver level in Home Safety.

A successful newspaper competition attracted the highest number of entries ever. In addition to newspaper coverage an approach was made to local schools and entry forms were supplied. **Film.** At the end of the year arrangements were in hand for the making of a ten-minute 16 m.m. colour film on Home Safety, with the co-operation of Warmbrook County Junior School, Chapel-en-le-Frith.

CHESTERFIELD

Early in the year a neo-attractor sign was brought to a Committee Meeting by the firm's representative and this was demonstrated

to them. However, the Committee decided to leave in abeyance the question of purchasing one of these.

The Committee purchased 5,000 bookmarks in connection with RoSPA's campaign "Stop Accidents to the Elderly", and these were distributed to libraries within the Rural District.

It was brought to the notice of the Committee that two children had died because they were wearing clothing which had toggles for fasteners. The matter was submitted to the North Midland Home Safety Group for consideration. Since then at least one manufacturer has withdrawn the anoraks made by them from the market so that the rods could be modified.

The Committee obtained 5,000 paper bags from the Derbyshire County Council. These had printed advice on "Care with Medicines" and were well received by the chemists in the Rural District.

In connection with RoSPA's campaigns on "Burns" and "Fireworks" a considerable number of posters "Keep Matches from Children" and "Fireworks can blind for Life" were distributed to Women's Institutes, Schools and other suitable organisations.

For the first time the Committee organised a Schools Poster Competition, on "Safety in the Home": 92 posters were received from schools and there were 69 winning entries. The posters were judged according to age groups and some of the entries were outstanding.

CLOWNE

Purchased neo-attractor sign which was displayed at various sites throughout the area. Posters warning of the dangers of leaving children either to sleep or play on plastic raincoats were issued for display at local clinics following the death of a 14 month old child who had been found lying face downwards on a plastic raincoat.

British Standards wallcharts showing items in the home for which there are British Standards were distributed to local schools.

A Home Safety float was entered in the Clowne Fete and Gala and was awarded second prize.

Copies of a Home Office circular on the safe storage of fireworks were circulated to local shops.

DRONFIELD

A talk was given in January by a member of the Committee who attends on behalf of the East Midlands Gas Board and he enlightened the members of the Committee on many topics concerning gas supplies, the maintenance of gas appliances and the need for care in the home, especially as regards keeping cookers clean and not getting cloths dropping down the back of the cooker and blocking the ventilation space, etc.

The Chairman attends to the maintenance of the flashing lights fixed in elderly people's houses on his side of Dronfield. A gentleman of seventy years fixes and maintains these lights on the other hillside and also carries out adaptations where necessary.

At our July Meeting we had an address by the District Medical Officer of Health, namely, Dr. D. P. Adams, illustrated with slides, on "Poisonous Berries and Fungi".

The local Gala Day was held in July and the theme of "Poisonous Berries and Fungi" was carried out by our Committee, with a child on a decorated vehicle trying to pluck berries from a tree and the text on the side pointed out the danger of eating tree berries.

We prepared at our September Meeting for Schools Essay competitions taken from the pictures which can be obtained from RoSPA—"Careless Cottage" the faults outside the house and the right and wrong utensils to use, etc. The children did very well and 260 out of 270 obtained certificates. We also had an adult competition, choosing from a list of 20, 12 good ideas for the promotion of safety in the home, these to be listed in order of importance in columns.

Our last Meeting of the year was held in November when we had a talk by a member of the local St. John Ambulance Brigade on "Resuscitation" with a demonstration on the model.

GLOSSOP

The Committee have held bi-monthly meetings through the year, which have been well attended and vigorous. We have kept all the schools well furnished with proaganda regarding safety in the home, particularly against fire and poisons, with extra campaigns for November 5th and Christmas. Regular notes are supplied to the local press. Subjects brought to the notice of the press have included folding prams, electric blankets, fire danger on Christmas morning when children are uninhibited, foreign 3-core coloured flexes and plastic towel rails. A competition for the Junior Shield based on the RoSPA booklet "Accidents in the Home" is in course of organisation, for which five schools have entered. The Secretary has managed to add to the Committee representatives from the Electricity and Gas Authorities.

HEANOR

Safety material was purchased by the Committee and distributed to British Transport, Press, Surgeries, Schools, Clinics and Library.

A film show and demonstration on "Mouth to Mouth Resuscitation" was given by St. John Ambulance and Dr. Corrigan.

ILKESTON

Special efforts were made with the "Why did they Drown" Campaign, in which we had the help of many local organisations.

Mouth to mouth method of resuscitation was demonstrated in schools. A Life Saving Display was given in the Victoria Swimming Baths, Ilkeston, on the 10th August by the Derby Police Cadets.

Fireguards were considered to be a necessity, and the Committee felt the Town Council may be able to help in this matter. Following correspondence with the Town Clerk this suggestion matured and old people in Corporation dwellings were supplied

with fireguards. The Committee also bought six fireguards for distribution to extremely needy cases in Ilkeston. This matter was taken up at Group level and other authorities have now done something about it.

Battery acid being sold as distilled water resulted in a circular letter being sent to garages and other such places; whilst this letter did not receive the support we expected, the Committee did learn from it. From the two garage owners from whom we received letters, we obtained enough information to make a case for the Group Committee to consider the importance of this matter, and we are to write to firms with a view to making a distinction between the containers of these two liquids.

Medicines. In view of the tragedy in Scotland when a boy underwent a lung transplant after taking week killer in mistake, 50 D/C Posters were distributed throughout the town in support of RoSPA's Campaign "Care with Medicines". The Chairman on this occasion appealed to members to make known the dangers of the hoarding of drugs, etc.

Book Matches were considered to be a danger, since an instance had been brought to the Committee of small children being given them as prizes. This matter had been dealt with by the organisations concerned very successfully.

Bonfire Night Campaign resulted in the purchase of posters for distribution throughout the Borough of Ilkeston. It must be said that we received the greatest support from the Fireworks Manufacturers Association with free publicity. The help of the Ilkeston Chamber of Trade was sought in appealing to its members asking them to warn children of the dangers of fireworks, and to use discretion in the sales. All this appears to have had its effect for we had no reported accidents in the Borough.

Umbrellas were considered to be a danger in and about town with their sharply pointed stems and it was agreed that a resolution be sent to the Group Committee with the view to this being altered and made less dangerous.

Publicity has also been given by the renewal of our contract with the British Transport Advertising Co. Ltd. for stickers to be placed in the local bus service of the Midland General Omnibus Co. Ltd. It is interesting to note that the Ilkeston Home Safety Committee through its publicity is now becoming widely known in the Borough of Ilkeston, and we are receiving requests for talks on Home Safety from Young Wives Clubs, Townswomen's Guilds, etc.

LONG EATON

The principal event organised by the Long Eaton Home Safety Committee during 1968 was the holding of a Water Safety Exhibition at the Public Library. The exhibition ran for four weeks from 15th June to 14th July. The exhibitors included the Royal National Lifeboat Institution, St. John Ambulance Brigade, Derbyshire County Council Health Education Service, Nottingham Water Safety Committee and the Long Eaton U.D.C. The exhibition was

well attended by the general public and by organised parties of school children. The St. John Ambulance Brigade organised a special demonstration with films on emergency resuscitation methods in conjunction with the exhibition.

The Committee continued to press for the adoption of byelaws to control the leaving of plastic bags on doorsteps by rag collectors and the consequent danger to children if they placed the bags over their heads. The Committee considered the danger of electric shock if cooking tinfoil came into contact with the open element of electric cookers or stoves. They also approached the chemists in Long Eaton asking that the instructions written on labels of medicine bottles and tablet boxes should be written clearly, so that elderly people should not experience any difficulty in interpreting them.

Another matter which received the attention of the Committee was the danger of strangulation to children from nylon neck cords attached to wooden toggles on children's anoraks. The Committee agreed to support representations of the Derbyshire Children's Hospital to RoSPA, the Home Office and the British Standards Institution to make a suitable adjustment in the design of anoraks worn by young children by pressing for the toggles to be removed and the nylon cord replaced with a more easily breakable material, and they received an assurance from these bodies that new designs embodying the Committee's suggestions were in the course of manufacture. The Committee also organised campaigns with posters and other publicity material regarding the dangers to children from the misuse of fireworks and to the dangers of fire at Christmas through hanging decorations, etc. in dangerous positions.

MATLOCK

(a) A tableau was arranged for inclusion in the Student's Carnival procession in May. (b) The County Fire Service placed their mobile caravan on display in the Market. (c) The Committee purchased a neo-attractor sign and three tapes. (d) A stand concerning resuscitation, including projector, was displayed at the Lido and the John Turner Secondary Modern School, Darley Dale. (e) Stands were arranged at the All Saints Annual Fete and Whitworth Show. In the latter connection Home Safety publicity was furthered by sponsoring a raffle. Each ticket bore a home safety message (f) The Joint arrangement with the Wirksworth Committee concerning the display of roof panels in the 'buses of the North Western Road Car Co., has continued throughout the year. A private operator has also displayed a number of panels free of charge. (g) Home Safety publicity films have been included in the programme at the local Cinema during the Spring and Autumn, for four week periods. (h) A complaint concerning the folds of the hood of a new pram was taken up with the firm concerned, with some success. A complaint was also referred to a firm concerning the sharp corners and edges of a refrigerator produced by them. (i) The Committee have asked for the sale of fireworks to be prohibited to persons under 18 years of age.

SWADLINCOTE

During the year, the Committee sponsored poster campaigns and distributed leaflets highlighting home hazards, and the press, too, were encouraged to publicise these items. Lectures and talks were given to voluntary organisations, young wives groups and especially to those people having the very young and very old in their care.

The Committee organised a very successful "Home Safety Week" from 6th to 11th May, during which a Home Safety Exhibition was held in the Swadlincote Town Hall. The Derbyshire Fire Service mobile exhibition unit was also stationed outside the Hall and members of the Fire Service presented film shows to the parties of local school children who visited the Exhibition. A "home safety" evening was also held in the local Clinic. A poster and essay competition on home safety themes was held for local school children and certificates of merit awarded to the winners. In collaboration with the local Chamber of Trade, local shopkeepers took part in the campaign by staging ingenious window displays on varying home safety themes, and certificates of merit were presented to the three best displays.

Arising out of the National Fireguard campaign, the Committee asked the Council's Housing Committee to consider providing British Standard Fireguards with sloping tops to all old people's dwellings erected by the Council where open fires existed but no fireguards were available, and the Housing Committee acceded to this request.

WIRKSWORTH

A talk on Home Safety was given by a doctor and a member of the Derbyshire Fire Service to local people and also to the Rotary Club of Wirksworth. A film show on Home Safety and a display of safe fireguards were held in the Anthony Gell School, Wirksworth.

Correspondence between the Surveyor and the Secretary resulted in the Memorial pool being made safer for children. Large numbers of panels re dangers of fireworks displayed in shops, schools, etc., and on Urban District vehicles and private cars resulted in no accident recorded at the Surgery, neither any reports of fires in the district—this for the fourth year in succession. Permission given for U.D.C. to carry Home Safety adverts on all their transport. Local bodies, groups, Committees, and schools continually supplied with pamphlets and Home Safety matter. Local library supplied with book markers on home safety.

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements

The Home Help Service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical Staff. At the end of the year

under review there were eight Area Organisers and seven Assistant Area Organisers. In addition Chesterfield Borough has an Area Organiser.

The progress of the scheme during recent years is indicated in the following figures:—

	1963	1964	1965	1966	1967	1968
Home Helps ..	508	599	679	768	803	728
Cases Served ..	3,177	3,609	4,179	4,428	4,639	4,884
Area Home Help Organisers ..	7	7	7	7	7	8
Assistant Area Home Help Organisers ..	—	—	3	4	5	7

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service during recent years, as shown by the following figures (which do not include Chesterfield):—

<i>Year</i>	<i>No. of Old Persons assisted</i>
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697
1965	3,178
1966	3,799
1967	3,913
1968	4,300

Availability of the Service

The Area Home Help Organisers may be contacted at the following places:—

- (1) *North-West of the County*—Mrs. Sweeney—Glossop Clinic, Tel. Glossop 4213. 10.30 a.m.-12 noon.
- (2) *North of the County*—Miss Haythornthwaite—Dronfield Clinic. Tel. Dronfield 4527—10.30 a.m.—12 noon.
- (3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic, Tel. Clay Cross 3131—10.30 a.m.—12 noon.
- (4) *Centre of the County*—Mrs. Ellis—Ripley Clinic, Tel. Ripley 2320—10.30 a.m. - 12 noon.
- (5) *South-East of the County*—Mrs. Browett—Ilkeston Clinic, Tel. Ilkeston 3347—10.30 a.m.-12 noon.
- (6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel. Derby 44543—10.30 a.m. - 12 noon.

- (7) *South/South-East of the County*—Mrs. Holmes—Long Eaton Clinic, Tel. 66327—10.30 a.m.-12 noon.
- (8) *North/North East of the County*—Mrs. Whitworth—Bolsover Clinic, Tel. Bolsover 2511—10.30 a.m. - 12 noon.

Particulars of the Service are also available from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Hand Book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

The service is available in various cases, of which the following are examples:—

- (a) Maternity.
- (b) Where a housewife falls sick or must have an operation.
- (c) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
- (d) Where elderly people are infirm, or one of whom suddenly falls ill.
- (e) Where several members of a household are ill at the same time.
- (f) Where a doctor requests that a Home Help is necessary to help with a premature infant.
- (g) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

- (1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.
- (2) Home Helps for this work could be drawn from three groups:—
 - (a) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
 - (b) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

- (c) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e., that they are over forty years of age and do not have young children of their own.
- (3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group (2) (a) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group (2) (b) above) would be under the close examination and supervision of the Chest Physician. Ordinary Home Helps (group (2) (c)) should be radiographed on appointment and subsequently at six-monthly intervals. It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.
- (4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.
- (5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.
- (6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Employment of Relations

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a scale of assessment.

Home Help Training Centre

Dean Hill House, Causeway Lane, Matlock, was opened on the 10th October, 1966, for full-time use as a training centre for Derbyshire County Council Home Helps under supervision of Mrs. N. Hakim, the County Home Help Organiser. A full-time Tutor Organiser has been appointed.

Home Helps are collected daily, Monday to Friday, from their own homes in groups of 12 for each course of one week's duration.

Dean Hill House is a stone house set in pleasant grounds on a slight hill overlooking part of Matlock. Every effort is made to keep the atmosphere of a house rather than an "institution".

MENTAL HEALTH SERVICE

During the year under review the Mental Health Service has continued to develop. An Assistant Organiser to the Senior Organiser for Training Centres was appointed in July: she was asked to

pay particular attention to the work at Junior Training Centres and Special Care Units and to the in-service training programme for Trainee Assistant Supervisors.

At the end of the year a Chief Mental Welfare Officer was appointed to co-ordinate the work of the Mental Welfare Service within his particular sphere and to organise the in-service training of Mental Welfare Officers.

The Mental Health Service is now taking part in a social work training scheme, whereby young people of good educational standard are recruited and placed in the various Social Welfare Departments before being seconded on full-time Courses for the Certificate of the Council for Training in Social Work.

The transfer of a portion of the administrative County to Derby County Borough in April, 1968 involved a fair amount of organisation and co-operation between the two Authorities and took place smoothly. At the request of the Borough, trainees living in the area transferred to Derby were allowed to remain in the County Council's Training Centres until the end of the summer term, 1968, when 57 of them were transferred to the Borough. Most of these were from Eaton Vale Adult Training Centre and the vacancies have since been filled by Derbyshire residents. Ten Derby Borough children remained at the Special Care Unit at Belper until the spring of 1969, pending the completion of accommodation for them in the Borough.

A second Craft Instructor was appointed during the year to provide home tuition and small craft classes for mentally sub-normal adults, who for one reason or another are unable to attend Training Centres.

Training Centres

The activity training methods employed by this Authority in the Training Centres have been continued throughout the year with encouraging results and in the adult Centres the emphasis is on social training and on the obtaining by the trainee of a sense of achievement and self-confidence.

No new Centres were opened during the year, but in December a Car Wash Scheme was started at Alfreton Central Car Park, as part of the organisation centred on Parkwood Adult Training Centre. This Car Wash provides employment for 8 Trainees at a time, under an Instructor from the Centre, and the Trainees are benefiting from participation in this kind of work and the contact it gives them with the public.

At Parkwood Junior Training Centre, special care and nursery classes were opened by the temporary conversion of two classrooms in the Centre, pending the building of additional accommodation at a later date. The accommodation provided was soon in full use on a rota basis.

Open days and sales of work were arranged at all Centres at various times during the year and were usually very well attended. "Parent's Afternoons" have also been started at some of the Junior

Training Centres to give parents a better understanding of the aims and activities of the Centre and an opportunity to become acquainted with the staff.

Hostels for the Mentally Sub-Normal

A re-organisation of the County's Hostels took place during the year. The girls' hostel at Chinley was converted into a hostel for sub-normal boys and girls and the former boys' hostel at Chesterfield and men's hostel at Alfreton were converted into mixed adult hostels. Both adult hostels are now full, though a spare bed is kept in each for emergencies and short stay cases. The children's hostel is used partly to provide short term care.

Holidays for Trainees

A large party of trainees from Adult and Junior Training Centres and Craft Instruction classes was, as usual, taken to Rhyl in the Spring for a week's holiday, which was the most successful so far arranged. This annual holiday is an important part of social training, particularly of the Adult Trainees. However, the number of junior trainees whose parents were willing for them to go with the party was not large, and in the future, outings and day visits in which it is hoped all the junior trainees will participate will be arranged instead.

Later in the year, the 22 residents of Parkwood Adult Hostel were taken by the staff to Scarborough for a week.

Courses and Conferences

Two Trainee Assistant Supervisors gained the Diploma for Teachers of Mentally Handicapped Children at the conclusion of a 2-year full-time Course at Leeds College of Commerce and were appointed to Assistant Supervisors' posts in Junior Training Centres. An Assistant Supervisor at an Adult Training Centre also returned after successfully completing a 1 year Course for the Diploma for Teachers of Mentally Handicapped Adults. In the Autumn two more Trainee Assistant Supervisors were seconded on 2-year Diploma Courses. One Assistant Supervisor in a Junior Training Centre and two Supervisors in Adult Training Centres were seconded on 1-year full-time Diploma Courses.

A Senior Mental Welfare Officer returned from a 1 year Course at the University of Manchester, having gained the Certificate in Psychiatric Social Work, and three Mental Welfare Officers gained places on the 2 year Courses at Sheffield College of Technology and Nottingham Regional College of Technology for the Certificate of the Council for Training in Social Work.

Two Mental Welfare Officers and 10 members of staff of Training Centres were seconded on one-week Refresher Courses at Bristol and Manchester respectively.

The Senior Medical Officer for Mental Health attended the Annual Conference of the National Association for Mental Health and a seminar on the Prevention of Mental Ill Health at the Tavistock Institute of Human Relations, in London.

Three Training Centre staff and two Mental Welfare Officers attended the Annual Conference of the Federation of Associations of Mental Health Workers in Blackpool.

In addition, a number of weekend, day and evening courses and lectures were attended by members of the Staff. During the year meetings of the Training Centres' staff were held from time to time at different Training Centres to discuss common problems and hear speakers on subjects of interest. Attendance at these meetings, which was voluntary, was consistently good.

Co-operation with the Hospital Service

The Mental Health Service continues to work in close co-operation with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers visit the mentally ill on discharge from Hospital, when requested, and reports on home circumstances are submitted to Hospitals in respect of patients on leave from hospital. Most of the visiting of the mentally ill, the subnormal, and the severely subnormal, is carried out informally. Efforts are made to help patients discharged from hospital to find work, or to place them in Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally subnormal and severely subnormal patients on leave from hospitals rests with the Hospital Management Committees, but since many hospitals do not employ their own social workers, arrangements are often made for the Local Authority's Mental Welfare Officers to do this work.

With the co-operation of Derby No. 3 Hospital Management Committee and other Hospital Management Committees, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, when patients are conveyed to hospital.

During the year a Medical Advisory Group was formed, consisting of hospital consultants and other medical personnel interested in mental health who meet representatives of the County Council's Mental Health Service to discuss ways in which the Local Health Authority and the Hospital Service can co-ordinate their activities. Two such meetings were held in 1968.

Work Undertaken in the Community

(a) *Under Section 28 of the National Health Service Act, 1946.* The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally disordered. The Officers visit the patients in their homes and provide social work services.

(b) *Under the Mental Health Act 1959: Admission to Hospitals.* The table below shows the number of admissions of the mentally ill to hospital during the year 1968. In respect of 345 of these, orders were obtained by the Mental Welfare Officers. In addition, advice and information was given to patients and relatives, in the case of a number of informal admissions.

Admissions of Mentally Ill persons to Hospital

During the period 1st January, 1968 to 31st December, 1968, the number of admissions of the mentally ill to hospital was as follows:—

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Pastures Hospital, Mickleover	383	544	927
Kingsway Hospital, Derby	69	119	188
Parkside Hospital, Macclesfield	40	68	108
Scarsdale Hospital, Chesterfield	47	113	160
Walton Hospital, Chesterfield	92	100	192
St. Thomas' Hospital, Stockport	18	29	47
Mapperley Hospital, Nottingham	8	8	16
Ashton General Hospital, Ashton-under-Lyne	—	2	2
The Coppice Hospital, Nottingham	1	4	5
Cheadle Royal Hospital, Cheadle	—	1	1
Kings Mill Hospital, Mansfield	—	1	1
St. Matthew's Hospital, Burntwood, Lichfield	1	3	4
Middlewood Hospital, Sheffield	1	—	1
Barony Hospital, Nantwich	1	2	3
Chesterfield Royal Hospital, Chesterfield	—	1	1
Whittingham Hospital, Preston	—	1	1
	<u>661</u>	<u>996</u>	<u>1,657</u>

These were admitted in the circumstances set out below:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mental Health Act, 1959			
Informal Admissions (Section 5)	508	765	1,273
Admissions for observation (Section 25)	61	94	155
Admissions for treatment (Section 26)	5	11	16
Emergency admissions for observation (Section 29)	80	125	205
Court Orders for admission (Section 60)	5	—	5
Admission of persons ordered to be kept in custody during Her Majesty's pleasure (Section 71)	2	1	3
	<u>661</u>	<u>996</u>	<u>1,657</u>

Many cases originally admitted under Section 29 of the Mental Health Act have been *re-admitted*, some on several occasions during the year for further treatment after a short stay at home.

(c) Cases under Guardianship

No cases were under guardianship during 1968.

Admissions to Hospital of Mentally Subnormal and Severely Sub-normal Persons

The following table shows the number of persons admitted during the year:—

	<i>Under Age 16</i>		<i>Over Age 16</i>		<i>Total</i>		<i>Total Cases</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Informal Admissions	5	1	3	5	8	6	14
Admissions Under Order: Section 29	—	—	—	1	—	1	1
	<u>5</u>	<u>1</u>	<u>3</u>	<u>6</u>	<u>8</u>	<u>7</u>	<u>15</u>

At 31st December, 1968 there were in the County 41 subnormal and severely subnormal persons urgently awaiting admission to hospital. There are many others, as shown in Part II of the following tables, for whom, although they are not in need of urgent hospital care at present, a bed may become urgently required at any time owing to a sudden emergency such as the death of an aged parent.

Short Term Stay

In order to enable the families of mentally subnormal persons to have a break from their responsibilities, during the year 192 short term admissions were made to National Health Service hospitals, 22 to Local Authority residential accommodation, and 7 to accommodation provided by other organisations. In some cases the periods of short term care were arranged on account of the illness of the mother or other near relative of the mentally subnormal person.

MENTAL HEALTH STATISTICS FOR 1968

Part I. Number of persons under Local Health Authority care at 31st December 1968

	Mentally Ill				Elderly Mentally Infirm*		Psychopathic				Subnormal				Severely Subnormal				Total	
	Under 16		16 & over		M.	F.	Under 16		16 & over		M.	F.	Under 16		16 & over					
	M.	F.	M.	F.			M.	F.	M.	F.										
1. Total number..	3	3	368	553	44	100	1	-	34	17	21	26	183	176	179	150	316	326	(19)	2,500
2. Attending workshops, day centres or training centres (including special units)	-	-	11	4	1	2	-	-	-	-	15	19	68	67	148	132	153	112		732
3. Awaiting entry to workshops, day centres or training centres (including special units)	-	-	2	-	-	-	-	-	-	-	3	2	2	1	15	10	6	3		44
4. Receiving home training	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	2	6		11
5. Awaiting home training	-	-	-	-	1	2	-	-	1	-	-	-	8	7	-	-	17	18		50
6. Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	2	-	6	7	5	8	16	12		56
7. Awaiting residence in L.A. home/hostel	-	-	-	-	1	2	-	-	1	-	2	1	10	8	4	4	37	28		98
8. Resident in other homes/hostels	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	3	1	3		10
9. Boarded out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1		2
10. Attending day hospital	-	-	15	21	2	5	-	-	-	-	-	2	2	7	1	-	-	-		55
11. Receiving home visits and not included in lines 2-10	-	-	-	-	-	-	-	-	-	-	2	3	20	14	2	3	32	40		116
(a) suitable to attend a training centre	-	-	-	-	-	-	-	-	-	-	1	-	-	-	13	5	85	124		1,429
(b) Others	3	3	340	528	40	90	1	-	33	17	1	-	71	75						

*The elderly mentally infirm included in this form are only those who receive services or are in accommodation provided under the National Health Service Act, 1946. Those who reside in accommodation provided under the National Assistance Act, 1948, are not included.

12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)																			Male	Female
		
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Nil	Nil

- Notes :
1. Figures refer only to those persons who are the Authority's own responsibility, including those attending a centre or resident in a hostel belonging to another authority or voluntary or private organisation.
 2. Persons resident in accommodation provided under the National Assistance Act, 1948, are included if they are mentally ill, psychopathic, subnormal or severely subnormal.
 3. As it is possible for persons to be included in more than one of the categories listed, item 1 is not usually a total of the figures in items 2-11, but is the total number of persons under care at the end of the year.
 4. Persons awaiting hospital treatment who are included in Part II below are also included in this table.

Part II. Number of patients awaiting entry to hospital or admitted for temporary residential care.

	Mentally Ill				Elderly Mental Infirm		Psychopathic				Subnormal				Severely subnormal				Total		
	Under 16		16 & over		M.	F.	Under 16		16 & over		M.	F.	Under 16		16 & over						
	M.	F.	M.	F.			M.	F.	M.	F.											
													(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:																					
(a) In urgent need of hospital care ..	-	-	-	-	2	8	-	-	-	-	-	-	-	-	16	6	11	7			51
(b) Not in urgent need of hospital care ..	-	-	-	-	-	1	-	-	-	-	2	1	38	47	20	9	86	113			317
(c) Total	-	-	-	-	2	9	-	-	-	-	2	1	38	48	36	15	97	120			368
2. Number of admissions for temporary residential care (e.g. to relieve the family)—																					
(a) To N.H.S. hospitals	-	-	-	1	-	-	-	-	-	-	3	2	4	17	74	20	35	37			193
(b) To L.A. residential accommodation ..	-	-	-	-	-	7	-	-	-	-	-	-	3	1	8	8	1	1			29
(c) Elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	1	-			7
(d) Total	-	-	-	1	-	7	-	-	-	-	3	2	7	18	88	28	37	38			229

Notes: 1. Persons shown in item 1 above are also included in the figures of persons under L.H.A. care in Part I above.

2. The table excludes cases admitted for temporary residential care between 1.1.68 and 31.3.68 from areas transferred to Derby County Borough on 1.4.68.

Part III. Number of persons referred to Local Health Authority during year ended 31st December 1968

Referred by	Mentally III				Psychopathic				Subnormal				Severely Subnormal				Total
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
(a) General practitioners	2	4	341	594	1	-	11	3	1	1	6	8	1	-	-	-	(17)
(b) Hospitals, on discharge from in-patient treatment ..	-	-	271	428	-	2	8	4	-	-	3	1	-	-	-	-	973
(c) Hospitals, after or during out-patient or day treatment	-	-	131	216	-	-	7	4	-	1	3	5	4	1	-	-	717
(d) Local education authorities	-	1	-	2	-	-	-	-	19	11	21	16	19	16	7	4	372
(e) Police and courts	-	-	28	22	-	-	8	2	1	-	11	5	-	2	1	-	116
(f) Other sources	-	-	126	132	-	-	16	4	13	12	36	35	16	14	9	12	80
(g) Total	2	5	897	1,394	1	2	50	17	34	25	80	70	40	33	17	16	425
																	2,683

Notes: 1. Only one referral is recorded for one patient unless the authority ceased to provide services after one referral and before the next.

2. The table excludes cases referred between 1.1.68 and 31.3.68 in areas transferred to Derby County Borough on 1.4.68.

LOCAL HEALTH STATISTICS FOR 1968

BIRTHS

Part A. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary	2,739	15	2,754
2. Institutional	9,217	140	9,357
3. Total	11,956	155	12,111

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Total births	Premature live births											Premature stillbirths	
		Born in hospital	Born at home or in a nursing home											
			Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day							
		Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2lb 3oz. or less	50	26	11	3	—	—	—	—	1	—	1	—	19	1
2 Over 2lb 3oz up to and including 3lb 4oz	36	8	3	2	—	—	—	—	4	1	—	—	18	3
3 Over 3lb 4oz up to and including 4lb 6oz.	85	2	4	—	3	—	—	—	6	2	1	—	18	1
4 Over 4lb 6oz. up to and including 4lb 15oz.	125	3	2	—	5	—	—	—	6	1	1	—	5	—
5 Over 4lb 15oz. up to and including 5lb 8oz.	289	1	—	1	44	—	—	—	5	—	—	—	12	2
6 Total	585	40	20	6	52	—	—	—	22	4	3	—	72	7

1 = 1,000g. or less, 2 = 1,001-1,500g, 3 = 1,501-2,000g, 4 = 2,001-2,250g, 5 = 2,251-2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance (see Note 1)		Number of sessions held by (See Note 2)				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis (see Note 3)	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1,043	76	702	235	—	46	983

- NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practitioners.
 2. The actual number of sessions is required not sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 3. Col. (5) should not include sessions held by general practitioners for their own patients.
 4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,277
		(b)	Domiciliary booked	345
		(c)	Total	1,622
2	Total number of attendances during the year			7,745

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by (See Note 1)				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1968	Born in 1967	Born in 1963-1966	Total	Medical Officers	Health visitors	G.P's employed on a sessional basis (see Note 2)	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
8,148	8,823	6,872	23,843	1,566	3,013	—	—	4,579	333	6,600

- NOTES: 1. The actual number of sessions is required not sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 2. Column 7 should not include sessions held by general practitioners for their own patients.
 3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
 4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother, etc. All children on the register should be counted, regardless of whether they attend the centre.
 5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A-C overleaf	21	5	77	103

NOTES: 1. A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.

2. A list giving the names and addresses of any premises (a) opened and (b) closed during the year should be set out below:—

Premises opened:

Long Eaton, County Council Clinic (Purpose built).

Dronfield, St. Paul's Methodist Church (Occupied on a sessional basis).

Etwell, The Village Hall (Occupied on a sessional basis).

Hasland, The Village Hall (Occupied on a sessional basis).

Linton Heath, Methodist Church Hall (Occupied on a sessional basis).

Willington, The Village Hall (Occupied on a sessional basis).

Premises closed:—

Long Eaton, County Council Clinic (Adapted).

HEALTH VISITING, HOME NURSING AND HOME HELP**Part A. HEALTH VISITING**

	Cases visited by health visitors	Number of cases
1	Total Number of Cases	50,709
2	Children born in 1968	11,009
3	Children born in 1967	10,175
4	Children born in 1963-66	21,650
5	Total number of children in lines 2-4	42,834
6	Persons aged 65 or over	3,905
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	1,491
8	Mentally disordered persons	175
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	86
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	415
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	264
12	Number of tuberculous households visited	345
13	Number of households visited on account of other infectious diseases	127
14	Other Cases	4,992
15	Number of tuberculous households visited by tuberculosis visitors	—

NOTES: 1. If a case is appropriate to more than one line it should be included in all appropriate lines.

2. Figures should include cases visited by voluntary organisations acting as agents of the Authority.

3. In the case of tuberculous households, or other infectious diseases, households only should be counted.

4. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	9,743
2	Number of persons who were aged under 5 at first visit during the year	251
3	Number of persons who were aged 65 or over at first visit during the year	5,368

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	aged 65 or over on first visit during the year (1)	Home help to households for persons				Total (6)
		aged under 65 on first visit during the year				
		Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)	
Number of cases	4,634	320	14	202	132	5,302

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1968.

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery (either the booked doctor or another)	Doctor not present at delivery		
(1)	(2)	(3)	(4)		
7	85	817	1,942	2,851	5,052

- NOTES: 1. This table relates to women delivered, and not, in the case of multiple births, to infants.
2. Cases appropriate to column (6) should not be entered in the other columns.

**STATISTICS ON CHILDREN'S DAY CARE FACILITIES AND
REGISTERED NURSING HOMES FOR YEAR ENDING 31st DECEMBER
1968**

TABLE 1 — Facilities provided by the Authority or by voluntary organisations under agency arrangements under Section 22 of the National Health Service Act, 1946.

		No. of nurseries or groups at end of year	No. of places at end of year	Average daily attendance during year	No. of children on register at end of year	No. of priority children on waiting list at end of year
1	Day nurseries	3	165	119.3	161	6
2	Part-time nursery groups*	—	—		—	—

*Excluding creches which are run solely for children while their mothers are attending clinics, etc.

TABLE 2 — Private or voluntary day care facilities (other than any included in Table 1 above) in which children are placed by the Authority.

		Number of children attending at end of year who were placed and are paid for by the Authority (whether or not a charge is recovered from the parents) 1	Number of child minders, nurseries, or groups where children included in col. 1 attend 2
3	Child minders	—	—
4	Day nurseries	—	—
5	Part-time nursery groups	—	—

TABLE 3 — Registration of premises and persons under Section 1 of Nurseries and Child Minders' Regulation Act 1948.

		Registered premises			Registered persons 4
		Factory 1	Other 2	Total 3	
6	Number of premises or persons registered at end of year	1	73	74	28
7	Number of children permitted	20	1,369	1,389	260

TABLE 4 — Type of care (all day or sessional) provided by premises and persons included in Table 3.

		Premises providing		Persons providing	
		All-day care 1	Sessional care 2	All-day care 3	Sessional care 4
8	Number of premises or persons	1	73	9	19
9	Number of children permitted	20	1,369	77	183

TABLE 5 — Registrations included in Table 3 brought about as a direct result of the amendments to the Act of 1948 made by sections 60(2) and 60(3) of the Health Services and Public Health Act 1968.

		Registered premises			Registered Persons 4
		Factory 1	Other 2	Total 3	
10	Number of premises or persons	—	—	—	—
11	Number of children permitted	—	—	—	—

TABLE 6 — Registration of nursing homes under sections 187 to 194 of the Public Health Act 1936 as amended by the Nursing Homes Act 1963.

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
12	Homes registered during year	—	—	—	—
13	Homes whose registrations were withdrawn during year	—	—	—	—
14	Homes on the register at end of year	6	20	87	107

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936:—

Chesterfield Corporation	} The Powers and duties of the County Council for the respective Areas.
Glossop ,,	
Ilkeston ,,	

MOTHER AND BABY HOMES

Part A.

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home, Borrowash House, Borrowash, Derby.	Catholic Children's Society, R.C. Diocese of Nottingham.

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	56	12	40
2	Post-natal	7	8	49
3	Shelter	—	—	—
4	Total	63	20	89

5	Number of cots	12	6	Number of cases included above for which Authority accepted financial responsibility	7
---	----------------	----	---	--	---

NOTE: Cases which extend over more than one category in col. (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of col. (3).

Part D.

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	59
---	----

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment During Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	1. 265	13. 6
Subsequent Visits	2. 225	14. 23
Total Visits	490	29
Number of Additional Courses of Treatment other than the First Course commenced during year	3. 60	15. —
Treatment provided during the year— Number of Fillings	4. 347	16. 6
Teeth Filled	5. 309	17. 5
Teeth Extracted	6. 128	18. 1
General Anaesthetics given	7. 64	19. —
Emergency Visits by Patients	8. 22	20. —
Patients X-Rayed	9. —	21. 2
Patients Treated by Sealing and/or Removal of Stains from the teeth (Prophylaxis)	10. 79	22. 6
Teeth Otherwise Conserved	11. 359	
Teeth Root Filled		23. —
Inlays		24. —
Crowns		25. —
Number of Courses of Treatment Completed during the Year	12. 287	26. 4

Part B. PROSTHETICS

Patients Supplied with F.U. or F.L. (First Time)	27. 1
Patients Supplied with Other Dentures	28. 1
Number of Dentures Supplied	29. 2

Part C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	30. 7
--	-------

Part D. INSPECTIONS

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year	A. 517	D. 7
Number of Patients in A and D above who required Treatment	B. 327	E. 7
Number of Patients in B and E above who were Offered Treatment	C. 309	F. 6

Part E. SESSIONS

**Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients:**

For Treatment	G. Not **
For Health Education	H. apportionable

** The work is integrated with that for the school-children.

These figures **exclude** the work done in the area transferred to Derby on 1/4/68

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1968 in each of the Sanitary Districts, Classified according to Diseases

CAUSES OF DEATH	URBAN DISTRICTS														RURAL DISTRICTS								TOTAL—Rurals	GRAND TOTALS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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	ALFRETON	ASHBOURNE	BAKEWELL	BELPER	BOLSOVER	BUXTON Borough	CHESTERFIELD Bor.	CLAY CROSS	DRONFIELD	GLOSSOP Borough	HEANOR	ILKESTON Borough	LONG EATON	MATLOCK	NEW MILLS	RIPLEY	STAVELEY	SWADLINCOTE	WHALEY BRIDGE	WIRKSWORTH																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Diabetes mellitus	5	1	1	1	4	6	1	1	2	6	2	4	1	3	1	4	1	44	1	2	3	5	2	9	3	2	7	34	78
Avitaminoses and other nutritional deficiency diseases	2	1	1	1	3	5	1	1	1	1	1	1	1	1	1	1	1	10	1	3	2	3	2	2	1	2	14	24	
Other endocrine, nutritional and metabolic diseases	1	1	2	5	5	2	1	2	2	2	2	2	2	2	2	2	2	19	1	2	3	3	1	1	2	1	12	31	
Anaemias	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1	2	1	1	1	1	1	1	2	2	
Other diseases of blood & blood-forming organs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	1	2	1	1	1	1	1	1	5	12	
Mental disorders	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	1	2	1	1	1	1	1	1	1	5	
Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	62	2	1	3	6	2	7	1	2	8	32	
Other diseases of nervous system & sense organs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	53	2	2	4	12	4	17	2	5	10	58	
Active rheumatic fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100	4	1	14	15	4	7	5	8	14	72	
Chronic rheumatic heart disease	7	2	2	4	3	20	2	3	3	7	13	9	5	3	5	3	7	100	4	1	14	15	4	7	5	8	14	72	
Hypertensive disease	68	31	8	61	30	89	185	24	29	58	77	80	91	44	29	73	47	14	1125	47	65	66	125	73	161	38	93	173	
Ischaemic heart disease	10	2	7	4	7	23	62	5	7	18	9	22	24	16	12	4	6	256	4	15	14	33	10	34	16	29	44		
Other forms of heart disease	35	25	21	45	18	62	113	15	19	58	41	45	49	47	17	25	31	9	705	28	52	35	67	33	108	45	52		
Cerebrovascular disease	7	14	3	18	5	12	41	12	8	7	11	13	18	5	24	8	6	227	14	18	15	18	8	28	11	15	24		
Other diseases of the circulatory system	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	45	3	2	6	1	6	4	2	24			
Influenza	13	4	5	14	8	7	87	12	10	29	12	17	21	9	5	19	14	99	3	16	10	28	11	31	18	38			
Pneumonia	14	7	5	14	2	8	67	5	6	17	18	23	13	13	4	11	18	4	270	5	11	20	35	12	39	12			
Bronchitis and emphysema	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11	1	1	1	1	1	1	1	1	4		
Asthma	3	2	2	6	1	19	4	1	5	5	2	6	5	1	1	9	2	2	76	1	3	5	4	14	2	8			
Other diseases of the respiratory system	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33	1	3	5	1	12	1	1				
Peptic ulcer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	4		
Appendicitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	4		
Intestinal obstruction and hernia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	1	1	1	1	1	1	1	1	4		
Cirrhosis of liver	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11	1	1	1	1	1	1	1	1	8		
Other diseases of the digestive system	3	4	1	3	2	6	3	1	2	1	2	1	4	3	1	2	1	39	1	3	5	3	2	7	2	2	6		
Nephritis and nephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22	2	1	3	2	6	2	2	2	18		
Hyperplasia of prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14	1	1	3	1	1	1	1	1	8		
Other diseases of the genito-urinary system	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	39	1	2	2	1	7	3	3	3			
Abortion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Other complications of pregnancy, childbirth and puerperium	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Diseases of the skin and subcutaneous tissue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Diseases of the musculo-skeletal system and connective tissue	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13	1	3	3	2	1	4	2	3			
Congenital anomalies	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33	1	3	4	2	6	2	3	11			
Birth injury, difficult labour and other anoxic and hypoxic conditions	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23	4	2	4	5	3	5	1	4	3		
Other causes of perinatal mortality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	21	2	2	4	3	4	2	3	2			
Symptoms and ill-defined conditions	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	17	1	5	2	2	4	4	4	4			
Motor vehicle accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	54	3	5	10	2	10	2	6				
All other accidents	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	105	1	7	6	9	7	30	11				
Suicide and self inflicted injuries	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29	1	3	4	1	1	6	5				
All other external causes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	3			
TOTAL — ALL CAUSES	235	112	68	252	122	284	919	107	140	283	282	371	367	231	128	223	229	230	52	4691	143	276	317	489	231	711	234	410	

